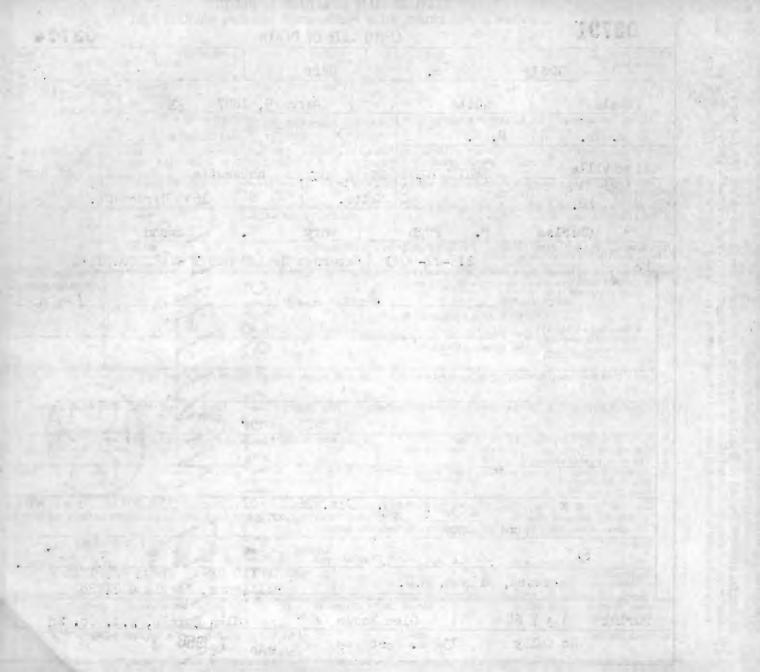
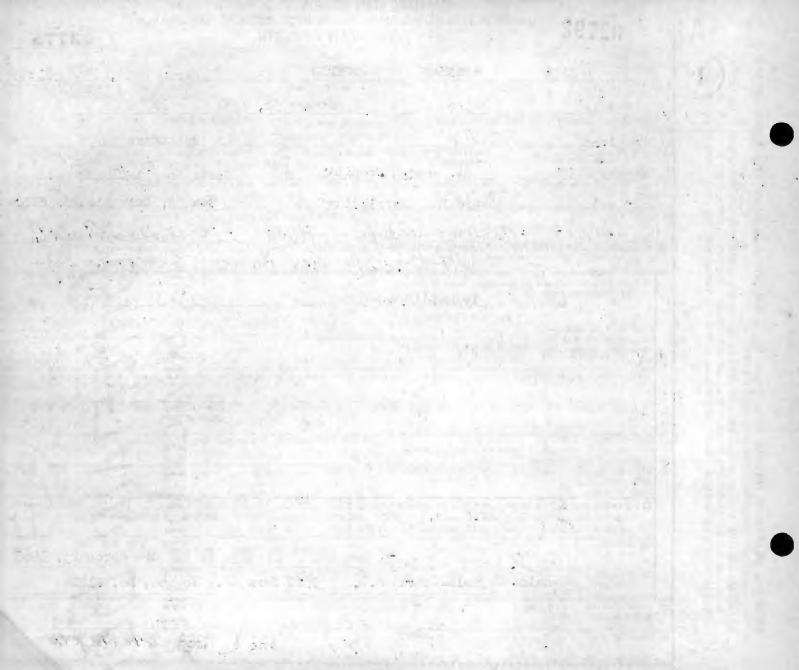
			MARYLAN	ID STATE DEPARTMENT (OF HEALTH	
11 - 1		A A B A A			BALTIMORE, MARYLAND 21201	nnww .
7		03790		CERTIFICATE OF DEA	TH	03773
= _~		CEASED-NAME First	MOLLIE Middle N	ACHSIN Last	2g. DATE OF DEATH	2b. HOUR
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offer offer offer offer	3. SI	X	4. RACE	S. DATE OF BIRTH	23 and 211 6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
s af	1	Pemale	White	D@cember 2	25 NOTS 56 X92X YRS.	MONTHS ONTS TROOTS MITE
	7a.	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
2 Peed 2		Maryland	USA	WIDOWED DIVORCED	a water desired to	Md.
il a diff	10. 0	ITY OR TOWN OF DEATH	give street address)	duri	s. USUAL OCCUPATION (Kind of work dane ring mast of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
led within pletely fill carban per		Towson 21204	St. Joseph	Hospital	Homemaker	AT HOME
rent rent		USUAL RESIDENCE (Where decea ssian) STATE	sed lived, if institution: Residence before	VEC	OF CITY LIMITS? 13e. STREET AND NUMBER	
ecutec campl love c		ssion) STATE Maryland	10/1/1/2	Baltimore -	- Tond Merpour	
ond camp remove in any eve	14.	ATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN N		Last
e be	1/4	WAS DECEASED EVER IN U.S. AR	MELTZER MED FORCES? 16b. SOCIAL SECURITY	NO. 17. INFORMANT	ROSE	ZUTOMER
ne death certificate b attending physicion permit. Then please ian, or removal, and i	100		war of dates of service)		4710 MiddressB CKS MEM. CHAPEL.	
phy neur nove			P (2 i a) 1/1		AS MEM. CHAPEL.	APPROXIMATE INTERVAL
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it the arthe are sait pe		Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	able post-operati	irra blandina	
.r. y th y th emo		rise ta immediate cause (a),	DUE TO, OR AS A CONSEQUENCE OF		TAG DIGGGIIIG.	
t sign that the state of the st		stating the underlying cause lost.	(c)			
equires that thy physician. signed by the buriol-transit burial, crema		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT I	IOT RELATED TO THE TERMINAL DISEAS	SE OR CONDITION GIVEN IN PART 1(a)	
ng F	z	4201				
The law ratending attending has been se as the th prior to	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS P		20b. IF YES, WERE FINDINGS	ONSIDERED IN CERTIFYING
The aft has see (E E	3/14/68	ronary insufficient teriosclerotic H	ncy: Dis YEL	NO X	
rate or Leal		21g. ACCIDENT WAS UNDERLYI	NG 21b. TIME OF INJURY	21c. HOW INJURY OCCURRED	(Enter nature of injury in Part 1 or Part 2,	Item: 18.)
Ditter of the office of the of	MEDICAL	(If either, natify medical exam	iner) P.M.	19		
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the haspital or attending physician. DIRECTOR: After this certificate has been signed by the attending physician and campletely filled inchy the funeral per 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be detached far use as the burial, crematian, or removal, and in any event, within 72-bears after bear and with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72-bears after bear and in any event.	2	21d. INJURY OCCURRED 21e While Nat while	PLACE OF INJURY (AT HOME, FARM, STREET, FO	(CTORY.) 21f. LOCATION Street or R.F.	F.D. Na. City ar Town	Caunty State
te D					10/0 10 10	70 Ib-1 80 / VI
After Sta	П	22a. I certity that (L) (t)	nis hospital) attended the deceas	ed from March I.,	19 <u>68</u> , ta <u>March 15</u> , 19 ir) apinion death accurred on the d	ate and hour and from the
ned ned the the	П	causes stoted obov	e, (I) (we) (did) (did not) view the	bady after death.	nj apinion adam accorda on the a	are dila noor ond from the
AT Short Sho	П	22h SIGNATURE		ATTENDING	22c.	DATE SIGNED
DIRE be 3		r. Ma.	Lek, M.D.	DEGREE PHYS.	☐ MED. ☐ STAFF ☑ Ma:	rch 15, 1968
TAL AL AL Dege		22d. PHYSICIAN'S NAME (Type)	+ bruly MD	22e. ADDRESS 7620 Y	ork Rd., Towson, Md.	21204
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filledirector, page 3 shauld be detached for use as the buriol-transit permit. Then please remove carban plasshould be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within						
D HC Page FD Jirec Shou	230	BURIAL, (REMATION, 23b. REMOVAL(Specify) BURIA		EFIORE	23d. LOCATION (City or Town) PHILADELPHIA	(Caunty) (State)
	74	MOVAL-BUKKA FUNERAL DIRECTOR	L 3-17-68 MONT	S ROAD 2Sa. R	PHILADELPHIA REC'D BY REGISTRAR MAK 19 1968	
VR A15 (4) 30M REV, 1/68			& BROS 6010 RE	ISTERSTOWN DATE	MAK 1 9 1968 Julia	
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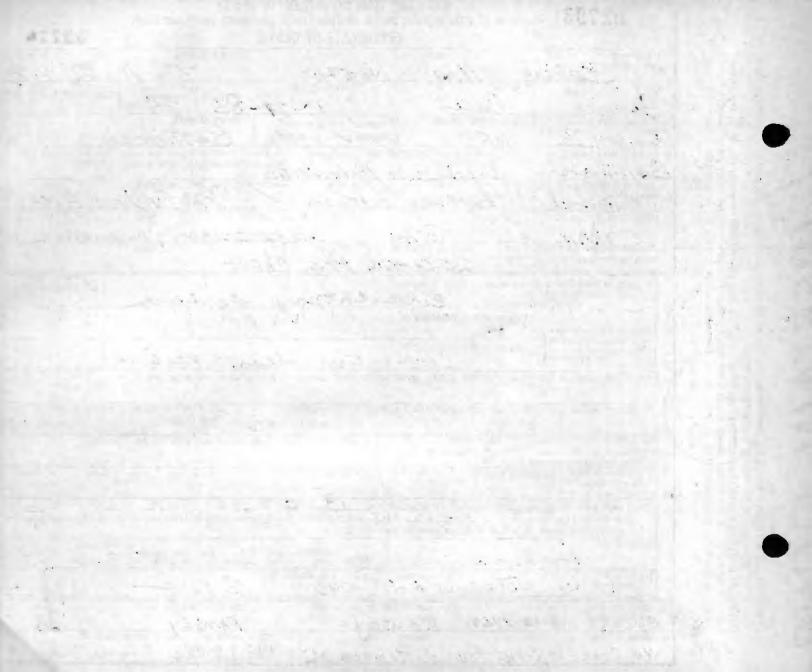
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Marters Name First Middle Lost Lost Middle Lost Midd	re deceos	USUAL RESIDENCE (Whe ssign) STATE	DENCE (Where d NTE	e deceased	l lived, if institu	ution: Residence be	fare 13c. CIT	ORTOWN						
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22a. I certify that \$\$\footnote{\text{this haspital}}\$ attended the deceased from Oct. 26., 1967, to Fierch \$1900, that saw the deceased alive an March \$1900, and that in (my) (and apinion death accurred an the date and haur a causes stated abave, (I) (me) (did) (didons) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED ATTENDING MED. STAFF PHYS. 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 3/6/6 22c. DATE SIGNED 22c. DATE SIGNED 3/6/6 22c. DATE SIGNED 22c. DATE SIGNED 3/6/6 22c. DATE SIGNED 3/6/6 3/6/6 22c. DATE SIGNED 3/6/6 22c. DATE SIGNED 3/6/6 22c. DATE SIGNED 3/6/6 22c. DATE SIGNED 3/6/6 3/6/6 22c. DATE SIGNED 3/6/6 3/6/6 3/6/6 22c. DATE SIGNED 3/6/6 3/	21e.	21d. INJURY OCCURRED While The Not while the	Not while	21e. Pl	LACE OF INJURY	(AT HOME, FARM, STRE OFFICE BUILDING, ETC	ET, FACTORY.) 2	f. LOCATION Street	t or R.F.D. Na.	City	ar Town	County		State
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causes stated abave, (I) (re) (did) (dictors) view the bady after death. 22b. SIGNATURE Starr Manual Control Manual Control County 22d. PHYSICIAN'S NAME (Type) Sherwood, Wilson, M.D. 22e. ADDRESS SPRING GROVE STATE HOSPITAL 22d. PHYSICIAN'S NAME (Type) Sherwood, Wilson, M.D. 22e. ADDRESS SPRING GROVE STATE HOSPITAL 23a BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	t po (th	22a. I certify tha	the decease	this	haspital) at	tended the dec	eased fram	and that in /m	u) (arad gain	, ta	ria z Cir O	data and h	that (I)	(We) la
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		BURIAL, CREMATION,	EMATION,											State)
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24. FUNERAL DIRECTOR Mc Cully 130 ADDRESS Fort Ave DAIL MAR 130 FORT AVE	de Cu	TUNERAL DIRECTOR	Mc Mc	c Cul	Lly	130 置	· Fort	Ave	ZSG. KECU BY	KEUINKAK	368	STATE BILLION	9	



111	0379	6		, 301 W. PRESTON STR CERTIFICATE OF I			037	775
	EASED-NAME	First	Middle	Last	2a. DA	TE OF DEATH		2b. HOUR p
{Ту	pe ar print)	LMA	ROSEMAE	NORRIS		Month March	24, 1968	11:35M
3. SEX		4. RACI		5. DATE OF BIR	TH	6. AGE (In years last birthday)		IF UNDER 24 HRS.
	Female		Negro	Januar		. 21	YRS.	INGUES BARY
ะตบกา	Maryland	U.	N OF WHAT COUNTRY?	8. MARRIED NEVER MARR	ED [ry of DEATH Baltimor		Md.
3	Y OR TOWN OF DEATH TOWSON 212	204	give street address) St. Josen	NSTITUTION (If not in hospital	during mast of wa	ATION (Kind of work dirking life, even if retire to the Hospit	ed.) INDUSTRY	BUSINESS OR
admiss	sion) STATE laryland	e deceased lived, it 13b. C	institution: Residence before DUNTY Howard	13c. CITY OR TOWN	YES NO NO	3e. STREET AND NUMBE	R river's Rd	. 21104
^	THER'S NAME, Firs	es Fri	Anklin RA	WALL IS. MOTHER'S MAI		ouise Le	wis KAnd	A-11
	WAS DECEASED EVER IN s, na, ar unknown)	U.S. ARMED FORCES		100. 17. INFORMANT 5212 MR-OWEA	Norris	SXKe	sville, 1	1d.
	18. CAUSE OF DEATH PART I. DEATH WA Canditions, if any, which is a talimmediate caustating the underlying ast.	IS CAUSED BY: IMMEDIATE CAUSE DUE (h gave) use (a),	te per line for (a), (b), and (c) Typhoid for TO, OR AS A CONSEQUENCE CO (b) TO, OR AS A CONSEQUENCE CO (c)	yer				MATE INTERVAL MSET AND DEATH
	PART 2. OTHER SIGNIFICATION AND AND AND AND AND AND AND AND AND AN	CANT CONDITIONS Q	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION	GIVEN IN PART 1(a)		
CERTIFICATION	9a. DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERATION WAS I	YES 💽	HO □ (Ob. IF YES, WERE FINDI AUSES OF DEATH?		ERTIFYING
BICAL	21a. ACCIDENT WAS UIT OR CONTRIBUTING CAN If either, natify medical	use of DEATH HOL	TIME OF INJURY JR A.M. Manth Day Yeo P.M.	r 19		of injury in Part 1 ar Pa	ort 2, Item 18.)	
	21d. INJURY OCCURRED While Nat while at wark]	INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	1		City ar Tawn	Caunty	State
	22a. I certify that sow the dece causes states	(X) (this hospit ased alive on above, (I) (we	ol) ottended the deceo March 24,) (did) (did not) view th	sed from <u>March 16</u> 19 <u>68</u> , and that in (my bady after death.) (aur) apinion de	oth occurred on the	ne date ond hour	(# (we) last and from the
	22b. SIGNATURE	X	ino Gy	DEGREE PHYS.	DIRECTOR	STAFF PHYS.	March 25	, 1968
	22d. PHYSICIAN'S NAME (Type)	leynaldo	Orjuela-Gome	z, M.D. 22e ADOR	O York Rd.	, Towson,	Md. 21204	
	BURIAL, CREMATION,	23b. DATE		F CEMETERY OR CREMATORY		OCATION (City or Town)	(County)	(State)



MARYLAND STATE DEPARTMENT OF HEALTH 03793 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2g. DATE OF DEATH 2b. HOUR death. funeral and (Type or print) patono burial-transit permit. Then please remove carban papers. Reges to burial, cremation, or removal, and in any event, within 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 FRS 6. AGE (In years last birthday) MONTHS HOURS YRS. 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED [filled requires that the death certificate be executed within 24 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) dering most of working life, even if retired.) INDUSTRY campletely Timara 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First pub attending physician permit. Then please 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, na, ar unknawn) (If yes give war or dates of service) APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF signed by stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 1 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [] be retained by the haspital or TTENDING PHYSICIAN: 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County Stote While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram 3 - 10, 19 6 8, that (I) (we) last saw the deceased alive an 3 - 10 19 6 8, and that in (my) (aur) opinion death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. STAFF DEGREE PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAMERTYRE 23o. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 3-13-1968 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE MAR 1 1968 30M REV. 1/68 WM COOK-13 ROOKS TOWSON, TO WSON. MJ



MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 20. DATE OF DEATH First 2b. HOUR PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death and and (Type or print) Month 27 Day 1968 or March 6. 25 AN 162/AM VOW LAN 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. 6. AGE (in years last birthday) 67 physician and campletely filled in by the en please remove carban papers. Pages oval, and in any event, within 72 haurs (fit MONTHS DAYS HOURS 1900 Male Cau. July 7, 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED countryCanada Baltimore U.S.A. WIDOWED [DIVORCED T 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b, KIND OF BUSINESS OR give street oddress)
Shady Nook Nursing Home during most of working life, even if retired.)
Custodian INDUSTRY Catonsville College 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Baltimore Jacksonville YES ... NO 🔲 Jarrettsville Pike 14. FATHER'S NAME First 15. MOTHER'S MAIDEN NAME_First Middle Last Middle Thomas Nowlan 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes. 80 or unknown) | 17 -- 28-68 Family Records 013-24-7666 APPROXIMATE INTERVA signed by the attending purial-transit permit. The burial, crematian, ar rema 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN CINSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Adressing orle eresite DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES | NO Z TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital or 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED [Enter nature of injury in Part 1 or Part 2, Item 18.] OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased from hospital 5, 1965, to mark 27, 19 68, that (1) (we) last causes stated abave, (1) (see) (did) (dident) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE The DEGREE ATTENDING PHYS. -MED. DIRECTOR 3-27-68 director, page 3 should be filed v 22e. ADDRESS 22d. PHYSICIAN 1009 Frederica Pd NAME (Type) 23g. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (State) BEMOVAL ASpecify) Baltimore, Maryland Mar. 30, 1968 New Cathedral Cemetery 24. FUNERAL DIRECTOR
Wm. Cook-Brooks Towson, 1050 York Road 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR Ruores 30M REV. 1/68 Towson, Maryland 21204 DATE APR

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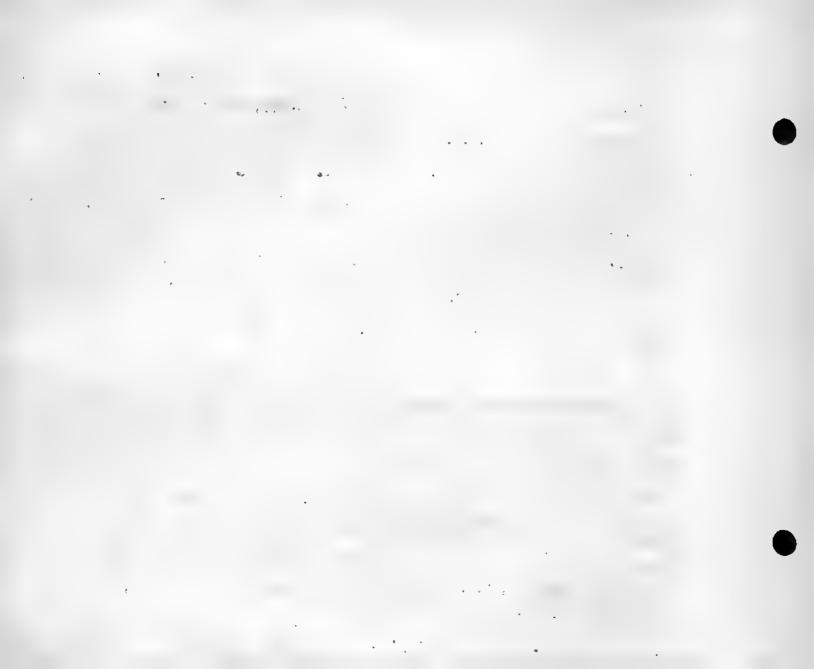
* *			MARYLAND STATE DEPARTMENT OF HEALTH	
No.	1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	all v
April 197	- iMi		CERTIFICATE OF DEATH	3 (1)
÷	~ 22 ~		ECEASED NAME First Middle Lost 20. DATE OF DEATH	2b. HOUR
- E	Lanterol I and I a	(1:	Type or print) Alexandrina Susanna Underdonk 3 Month 31,004 6	BU AM
9	£-5	3. SE	X 4 RACE S. DATE OF BIRTH 6 AGE (In years if ander	
s aft	the age rs a		Female Can 6-7-82 last birthday) RS YRS. MONTHS	DAYS HOURS MAN
	n by the s. Pag hours	76. B	BIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Baltimore	
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withın	withing		Baltimore J204 (IN ARMED HOSPITAL OR INSTITUTION (Find a SUCCEPATION (Kind of work done lize). Rolling most of working life, even if retired.)	STRY WONP
requires that the death certificate be executed within 14 hmms after dmath	DEUNITRAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in b director, page 3 shauld be detached far use as the buriol-transit permit. Then please remave carban papers. shauld be filled with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 ho	13o admi	USJAL RESIDENCE (Where deceased lived, if institution Residence before issian) STATE Mary land 13b. COUNTY Riderwood RIDER WOOD YES NO DO Toppe Roan and I	Bellona Lue
exe	omy only	14. F	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
be	n and e rem d in on		Philip A. Barton ANNA	Oliver
ficate	physician ien please aval, and i		(es, no, ar unknown) (1) yes give war or dates of service) 216-56-278/HI (Patient's Chart) ONDER DON	ORIA R.
certi	ph hen nov	h		APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
#B	attending permit. The		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Preumonia LL	THE OTHER DEATH
e de	affe pern an,		4/29 DUE TO, OR AS A CONSEQUENCE OF	
±	the ratio		Conditions, if ony, which gove (b).	
‡	signed by the signed transit purial, cremati		stating the underlying source DUE TO, OR AS A CONSEQUENCE OF	
ires	yark ned riol- ial,			<u>'~</u>
2 4	sig bud bud		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
> 4	the rtd	NO	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERE	D IN CERTIFYING
The law re	as b as as pria	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH?	U IN CERTIFIED
	far use of the Health p	ERI	21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
M .	a first		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year	
PHYSICIAN:	certificate has been kneed for use as the interest of the last of	MEDICAL	(If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. FARM, STREET, FACTORY.) 21f, LOCATION Street or R.F.D. No. City or Town County While - Not while - No	y State
E 4	O FUNIKAL DIRECTOR: After this director, page 3 shauld be detact shauld be filed with the State Dep		at work of work	,
Ĕ.	ffer Stat		22a. I certify that (I) (this haspital) attended the deceased fram 3 - 30, 1948, ta 3 - 31, 1968, and that in (my) (aur) apinian death accurred an the date and	, that (I) (we) last
ATTENDIA	the the		saw the deceased alive an 3 - 3 - 19 68, and that in (my) (aur) apinian death accurred an the date and causes stated above, (I) (we) (did) (did not) view the bady after death.	ngur and tram the
A TA	6 45 45 45 45 45 45 45 45 45 45 45 45 45		22c DATE SIG	NED
OR ATTEN			DEGREE PHYS. DIRECTOR	31-60
= 2			22d. PHYSICAN'S 22e. ADDRESS	
O HOSFITAL	O FUNIKAL D director, pag shauld be file		(NAME (Type) J Do Castro GREATER BALTO, MED. CENTER, TO	WSON, Md.
10	Tect /	23 a .	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Count	ty) (State)
0	5 5 5 T	نـــا	REMOVAL (Specify) 4/3/68 Druid Ridge Pikesville, Balto, Co.	Md.
	VR A15	24.	FUNERAL DIRECTOR 4905 VODIS Road 250. REC'D 8 REGISTRAR 135 REGISTRAR 13	in Younge
	30M REV. 1/68	l II	. W. Jenkins & Sons Co Poets III Care	7 0



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 26 HOURY 1. DECEASED NAME First Middle Last 20. DATE OF DEATH **30 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death (Type or pont) March **EMIL** ORZECH 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (In years 1E UNDER 1 YEAR last birthday) 1893 JUnily 23 hours 9 COLINTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7a, BIRTHPLACE (State or fareign 8 MARRIED NEVER MARRIED filled in country) Maryland USA WIDOWED X DIVORCED [7] Baltimore 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUS. NESS OR during most of work no life, even if retired) maintainance end INDUSTRY carban Parkville completely Woodside ave St 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE 13b. (BUNTY to Md 3028 Woodaide ave Parkville burial-transit permit. Then please rema-burial, crematian, ar remaval, and in any 14. FATHER S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle August Orzech Henrietta Pickert 16g WAS DECEASED EVER IN J.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT Yes, no, ar unknawn) 215-07-1396 Family records APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by the Conditions, if any, which gave rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept of Health prior to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO | 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY HOUR A.M. Month Day Year OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical exominer) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. OFFICE BUILDING, ETC. 2 d. INHURY OCCURRED City or Town County State White Not while at work 22a. I certify that (1) (this hospital) attended the deceased from 1955, 19, to 3-20, 1968, that (1) (we) lost saw the deceased alive an 3/20, 1968, and that in (my) (aur) apinion death occurred on the date and hour and from the . 196 , that (1) (we) lost 4 may be retained by couses stated above, (I) (we) (did) (did not) view the body ofter death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE PHYS DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 8106 Harford road Harold H. Burns MD 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City or Town) 23a. BURIAL CREMATION (County) REMOVAL (Specify) 3/23/68 250. RECD BY REGISTRAR 196 25b. REGISTRARS SIGNATURE Schwartz Cem. Maryalnd ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 C.F.EVANS & SON 8802 Harford road

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		6.79	DIFFIGURE OF THE RECORDS	CERTIFICATE		, maki Ekito 21201	6	90
2000		CEASED-NAME First	M.ddle	L	ost 2a.	DATE OF DEATH	ν	2b HOURA
		ype or print)		PA		MARCH 16	1968	1:25 M
	3. SE	X	4. RACE	1	TE OF BIRTH	6 AGE (In years lost birthday)	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	7n 1	MALE IIRTHPLACE (State or foreign 7	NEGRO b. CITIZEN OF WHAT COUNTRY?		Eb 29-18	HTY OF DEATH		
	cour		U.S.A.	MARRIED NE	AEK WWKKIED []	ALTIMORE		Md.
	10 (ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR I		aspital 120 USUAL OCCU	PAT ON (Kind of wark done	12b. KIND OF I	
X	L.	TOWSON		SEPH HOSP	ITAL during most of v	varking life, even if retired.) EVEDORE	INDUSTRY	
		USUAL RESIDENCE (Where deceased ssion) STATE	lived, if institution. Residence before	Ì	VICENT NO.	13e. STREET AND NUMBER		
4	14	MARYTAND ATHER'S NAME First	Middle Last	BALTIMO	HER S MAIDEN NAME First	4821 MTDWOOD	AVE.	#21212
'-	7	A so do HE	A A Q O	13 MOII	HEK 2 WAIDEN NAME LIIZI	Mildelia		1031
		WAS DECEASED EVER IN U.S. ARMEI	D FORCES? 16b. SOCIAL SECURIT	YNO 17 INFORM	MANT 170	Address Address	, ,	1000
		es, no, or unknown) (If yes give war	217-01-	1351 111	WER THY	e 7821 M	101160	1 47
		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line far (a), (b), and (,			NATE INTERVA. NSET AND DEATH
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		last.	(c)					
		PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR CONDITIE	ON GIVEN IN PART 1(o)		
	TION	19a. DATE OF OPERATION 19b. CO	INDITION FOR WHICH OPERATION WAS I	PERFORMED 20	Da. AUTOPSY?	20b. IF YES, WERE FINDINGS O	ONSIDERED IN CE	RTIFYING
9	CERTIFICATION				YES NO 🔀	CAUSES OF DEATH?		
		21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. Month Day Yea		JURY OCCURRED (Enter nature	e of injury in Port 1 or Port 2,	Item 18.)	
	MEDICAL	(If either, notify medical examine	r) P.M.	19	N Street or R.F.D. No.	(h Y	Court	Stote
	<u> </u>	While Mat while M	LACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	ZIF LOCATION	N SITERT OF K F.U. NO.	City or Town	County	21016
		at wark at work [1] 22a. I certify that (I) (this	haspital) attended the decea	sed fromMARCH	15 , 19 68 ,	to MARCH 16, 19	68 , that	(I) (we) last
		saw the deceased aliv	re an MARCH 16 (1) (we) (did) (did nat) view th	_19_68, and tha	t in (my) (aur) apinian o	death accurred an the do	ite and haur o	and from the
		22b. SIGNATURE	(i) (we) (aid) (aid lidi) view iii	0		22c.	DATE SIGNED	
		M	mystof	MAN XPEGREE	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS. 1	3-16-68	
		22d PHYSICIAN'S NAME (Type)	g Oh. M.D.		22e. ADDRESS 2620. Vonks. Pos	d, Baltimore,	Marylai	40515 Pu
	23o	// 1011		FÆEMETERY OR CREMI		USCATION (City of Town)	(County)	(State)
K	12	REMOVAL (Specify)	20/68 UN	- when h	Cent 4	abilies	ned	(x. e, e)
7	更	FUNERAL DIRECTOR	B U 1204 D	S Postado	PAMAR 18	1968 25b. REGISTRAR S	SIGNATURE	pl
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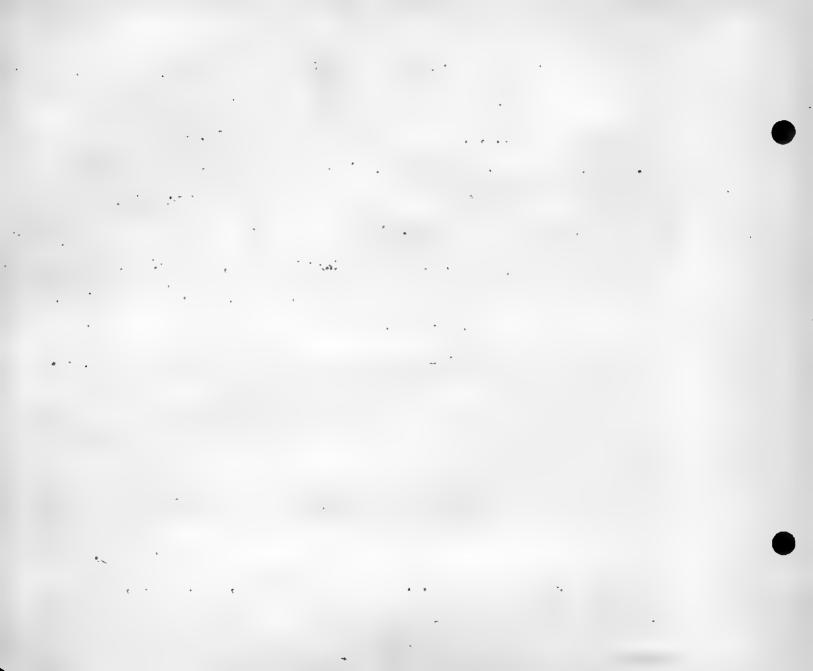
24	1		10mño	DIVISION OF VITAL RECORDS,			TIMORE, MARYLAND 21201	11.47.19	701
7	(R =		33338		CERTIFIC	ATE OF DEATH		937	781
垂	-3 € V		ECEASED-NAME First (ype or print)	Middle		Last	2g. DATE OF DEATH Month	Day Year	2b. HOUR
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ffer	he fu ges 1 after	3. SI		4. RACE		S. DATE OF BIRTH	6. AGE (In years last birthday)	MONTHS I DAYS	IF UNDER 24 HRS.
20	y the f Pages urs afte		Male	White		Oct. 9, 18	91 76 YR		The state of the s
A INDIC	P of	70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	9. COUNTY OF DEATH		
T A	popers		" Maryland	U. S. A.	WIDOWED		Baltimore		Md.
Athir-	A to with the second se		Catonsville	11 NAME OF HOSPITAL OR INS give street address) Summit Nurs	ing Hor	ne during r	UAL OCCUPATION (Kind of work don nost of working life, even if retired. ector Compilatio	.) INDUSTRY	Lephone
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death	and campletely remove carba in any event, w		USUAL RESIDENCE (Where deceose ission) STATE Maryland	ed lived, if institution. Res dence before	13c CITY OR	TOWN 13d, INSIDE CITY	130 STREET AND NUMBER 10 197 Columbia	9	Co.
e X	d cd smo any	14	FATHER'S NAME First	Middle Lost	15.	MOTHER'S MAIDEN NAME			Last
e	E a i	1	John Ne	wby Parker		Euge	nia Hollowell		
a lo	sician please I, and	160	WAS DECEASED EVER IN U.S. ARM		VO. 17. 18	FORMANT Ellico	tt City, Md. Address	21043	
輔	hys val,		(es, na, or unknown) (If yes give w	212-10-080	68 A Mr	s. Ruth H.	Parker 197 Colum	bia Road	
ie e	the ottending physician and sit permit. Then please rem nation, or removal, and in an	Г		y one cause per line for (a), (b), and (c).		4 .		APPROXIM	NATE INTERVAL NISET AND DEATH
ath	or re	П	PART I. DEATH WAS CAUSED IMMEDIA	TE CAUSE (0)	ardial	inforction.	~	2 m	withe
o d	atte Serm On,	П	4109	DUE TO, OR AS A CONSEQUENCE OF		/			
£	the nati		Conditions, if any, which gave) rise to immediate cause (a),((b)					
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Ires	physician. signed by burial-trai burial, cre	1	last.	(t)					
v requ	ng physician. en signed by the he burial-transit p to burial, crematir	2	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1(a)		
<u>p</u>	of or attending cate has been for use as the Health prior to	CERTIFICATION	19a. DATE OF OPERATION 19b. (CONDITION FOR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDING!	S CONSIDERED IN CE	RTIFYING
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Ä	al or icate far us Realt		210 ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY H HOUR A.M. Manth Day Year	21c. HO	W INJURY OCCURRED (Ent	ter noture of injury in Part I or Part	2, Item 18.)	
5	prid f	MEDICAL	or contributing cause of Death	ner) P.M. 19					
	- T W	2	at wark at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FAM. OFFICE BUILDING, ETC.)				County	State
S.	After After I be c	П	22a Leartify that (1) /thi	s hospit al) attended the decease	ed from	March 2, 19.	15 to heard to	19 <u>55</u> , that	(I) (we) last
ATTENDING	SR: A Sould Sould The	1	saw the deceased al causes stated abave	live an live (did) (the sof) view the	and جُرِيَّةُ عَلَيْكُمُ كُلُّ bady after d	that in (my) (oer) aj eath.	pinian death accurred an the	date and havr o	and fram the
TO HOSPITAL OR ATTEND	Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be filed with the	ı	22b. SIGNATURE	4 1	D. DEGRE		22	2c date signed 3-19-68	
ر ٥	Dad y pe		22d. PHYSICIAN'S		DEGKI			10	
SPITA	Page 4 may be 1 O FUNERAL DIRE director, page 3 Should be filled v		NAME (Type) JOHN	A. NESBITT IR		220. ADDRESS 1309 Francis	with Pd. Baller	2/22	P-
H	FUNER director, should	230	BURIAL, CREMATION, 23b. 1				23d. LOCATION (City or Town)	(County)	(State)
2	2 2 5	L		12/1968 Friends			Balto. City Ba	Ito. Co.	Md.
	VR A 5 (4)	24.	FUNERAL DIRECTOR	ADDRESS ADDRESS			BY REGISTRAR 2Sb. REGISTRAL		er aller
	30M REV 1/68	1.1	action of the	caunt X. Cator	rsville	, Md. DATE MA	K 1 4 1300	can't be the	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 723 1. DECEASED NAME First Middle 2a. DATE OF DEATH 2b. HOUR 24 homrs after death (Type or print) 3. SEX 4. RACE S_DATE OF BIRTH IF LINCER I YEAR AGE (In veors MONTHS DAYS YRS 76 CITIZEN OF 7a. BIRTHPLACE (State or fareign WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED WEVER MARRIED WIDOWED [DIVORCED [ED. CITY OR TOWN OF DEATH AME OF HOSPITAL OR INSTITUTION (If not in hostified 12o, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during masterf-working life, even if retired) INDUSTRY ar removal, and in any event, 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? requires that the death certificate be executed attending physician and camp permit. Then please remave a odmission) STATE 13b COUNT 14 FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, arunknawn) [If yes give war or dates of service) APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
 PART I DEATH WAS CAUSED BY-BETWEEN ONSET AND GEAT IMMEDIATE CAUSE (o) crematian. Canditions if any which gove: **burial-transit** rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, a lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) use as the later alth priar tab Page 4 may be retained by the haspital or attending FUNERAL DIRECTOR: After this certificate has been 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH PERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 2Da. AUTOPSY? CAUSES OF DEATH? far use Health YES [NO TH 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Year director, page 3 should be detached should be filed with the State Dept. of (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET FACTORY,) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Nat while at work 22a. I certify that (I) (this hespital) attended the deceased framto , and that in (my) (our) apinion death occurred on the date and haur and from the saw the deceased alive an_ causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE **ATTENDING** STAFF MED. DIRECTOR DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 230 BUR AL CREMATION 23b DATE ... NAME OF GEMETERY OR CREMATORY 23d_LOCATION (City, or Town) (Launty) (Stote) REMOVAL (Spenify) FUNERAL DIRECTOR 1968 30M REV 1/68

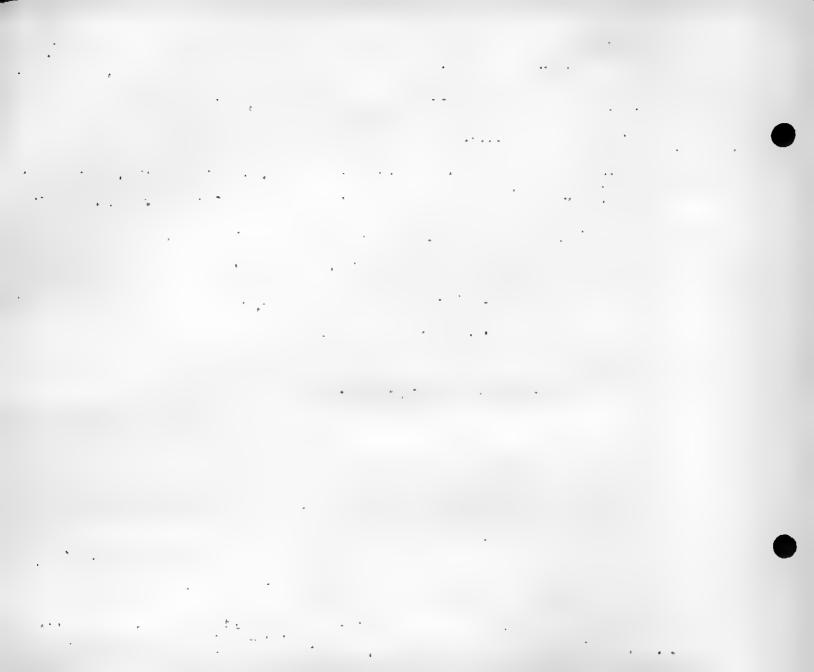


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 183 CERTIFICATE OF DEATH 2a. DATE OF DEATH 1. DECEASED-NAME First Middle Last 2b. HOUR (Type or print) Manth HARRY FRANK PATTERSON MARCH 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost birthday) MONTHS ! MALE WHITE APRIL 26, 1911 requires that the death certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED MARYLAND MARYLAND BALTIMORE DIVORCED T U.S.A. WIDOWED [physician and campletely filled en please remove carban pap 10. GITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired) FORT HOWARD ADMIN. HOSPITAL CHAUFFEUR 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY JM.TS? 13e, STREET AND NUMBER 13b. COUNTY admission) STATE ND ARFORD **JOPPA** 108 DURYEA DRIVE 14. FATHER'S NAME First Lost IS MOTHER'S MAIDEN NAME First Lost CHARLES PATTERSON **EMMA** BERTRAM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes no ar unknawn) crematian, ar remaval, 216 01 50 31 CLINICAL RECORDS VA HOSPITAL. FT HOWARD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) CARCINOMA OF RT LUNG W/ WIDE SPREAD METASTASTS signed by the attendir burial-transit permit. 1 YEAR DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove) DI PULMONARY EDEMA 1 WEEK rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse? (d) BRONCHO-PNEUMONIA 1 WERK PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO 🔲 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark of work 22a. I **certify** that (this haspital) attended the deceased fram 1/2/68, 19, to 3/30/68, 19, that KK(we) last saw the deceased alive an 3/30/68, 19, and that in (KM) (aur) apinian death accurred an the date and haur and fram the , that **KK**(we) last causes stated above, (we) (did) *** view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR 3/31/63 director, page 3 standard be filed v 22e. ADDRESS 22d. PHYSICIAN S NAME (Type) PUSHPENDRA SENAN, M.D. VA HOSPITAL, FORT HOWARD, MARYLAND 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION, (County) (State) BLITTA (Specify) 4/3/68 Baltimore National Baltimore, Md 250 REGIONY AFEISTRA 968 25b ACCISTRAL SOLD 24 FUNERAL DIRECTOR VR A15 (4). 30M REV 1/68 ULRICH FUNERAL HOME





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16	e de la ce	3	. SEX		4 RACE		5. DATE OF BI		6. AGE (II	yeors		F UNDER 24 HRS.
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	9 9 9	7	a. BIRTHPLACE (State or	foreign 7b	CITIZEN OF WHAT COUN	TRY? 8. MARI	IED NEVER MAR	(NIEDI I	JNTY OF DEATH			
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	hin 24	_ , [ī	O CITY OR TOWN OF DEA	VTH .	13 NAME OF HO	SPITAL OR INSTITUTION	(If not in hospital	12o USUAL OCC	UPATION (Kind of v	vork done	126 KIND OF BU	SINESS OR
	= > 5 >		TCWSON		give street add	"JOSEPH HO	SPITAL I	ept.Dir	working life, even	retired.)	FED GO	T'VC
	camplete ave carb	Ī	3a USUAL RESIDENCE (W	here deceased	lived, if institution Resid	ence before 13c. CIT	OR TOWN	13d. THISIDE CITY LIM TS?	13e. STREET AND I	NUMBER	-	
	amp omp ove	ď	dmission) STATE MARY	LAND	13b COUNTY	U BAI	TIMORE	YES NO	313 WCOI	DLAWN 3	RD. #2]	210
	icate be executed sician and camplet please remaye car, and in any event,	4	4. FATHER'S NAME	ırst	Middle	Last	IS. MOTHER'S MA	AIDEN NAME First		Middle		Lost
	that the death certificate be exian. by the attending physician and attansit permit. Then please remicremation, ar removal, and in an	- 1	W	illiam	F	lant		Mar	y T.	S	chuck	
	ciar eas and	-	160 WAS DECEASED EVER	IN U.S. ARMED	FORCES? 16b SOC		17 INFORMANT			Address	O1100 P11	
	hys.	- [Yes, no, ar unknown)	(1) yes give war ai	T 215-	111-7930	Mrs. Ru	th Frech	n Plant		(Same)	
	cert g p Thei	F	18. CAUSE OF DEAT	IH (Enter only o	ne couse per line for (o)						APPROXIMAT BETWEEN ONSE	E INTERVAL
	equires that the death ce physician. signed by the attending burial-transit permit. Th burial, crematian, ar rem		PART I DEATH		CAUSE (o) Cardia		tory ins	ufficiency	7		0011112EH 0013	I BOOD DEBINE
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	hat Jy til Jansi		rise to immediate a stating the underly	cause (a),	DUE TO, OR AS A CONS	FOLIENCE DE						
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	faw re nding been s the iar ta		190. DATE OF OPERATI		IDITION FOR WHICH OPERA				20b IF YES, WERE	FINDINGS CO	NSIDERED IN CER	TIFYING
	The Tatter atter has se as the principle of the principle	1					YES D	NO 🖂	CAUSES OF DEATH			
	- P = D + E		210. ACCIDENT WAS	UNDERLYING	216 TIME OF INJURY	21		CURRED (Enter natur	e of injury in Part 1	ar Part 2, It	em 18.)	
	Faring Fa	- 1	G (If either, notify med		HOUR A.M. Month	Day Year 19						
	ATTENDING PHYSICIAN: retained by the haspital ar IECTOR: After this certificate 3 should be detached far us with the State Dept. of Health		- I ZIU. MUUNI OCCUNI	RED 21e. PL		ARM, STREET, FACTORY,) 2	f LOCATION Stree	et or R.F.D. No.	City or Town		County	Stote
	PH his this etac Deg		While Nat while at work		/ OFFICE BU	LDHNG, ETC			•		,	
		-1	22o. I certify th	ot NY (this I	nospital) attended t	he deceased from	FERRIARY	7_23, 1968	to_MARCH	26 . 19	68 that (W (we) lost
	Af b d b d b d b d b d b d b d b d b d b		sow the de	ceased olive	ospitol) ottended to MARCH 2	6 19 68	ond that in the	y) (our) opinion	death occurred	on the dot	e ond hour ai	id from the
	TTE gine h th	- 1	couses stat	ed obove,	(we) (did) (did not) view the body of	ter deoth.					
	R A A ret ret set 3 st with with	-1	22b. SIGNATURE	1 1 00	2		ATTENDI	NG MED MED DIRECTO	R STAFF		ate signed Lrch 26.	1060
	be re DIRE		and musclesses	-CCE			DEGREE PHYS.		R L PHYS	V LIS	ren zo,	1900
	TAI TAI TAI De f		22d. PHYSICIANS NAME (Type)	Ines	Cilliani,	M.D.	22e. ADD	20 York Ro	l., Towso	n. Md.	21204	
	TO HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the haspital TO FUNERAL DIRECTOR. After this certifica director, page 3 should be detached for should be filed with the State Dept. of He	Ė										10
	Be Be		230 BURIAL, CREMATION, REMOVAL (Specify)	23b. DAT		NAME OF CEMETER			LOCATION (City or		(County)	(Stote)
	5-5-1	4/	Burial" 24. FUNERAL DIRECTOR	3/28	*	Druid Ri		25o. REC'D BY REG	ikesvil	TG *	TAT	10
	VR A15 (4) 30M REV 1/6	Y 3 Yr	H. W. Jenl	cins 8	Sons Co.		tk Rd. 2. Md.	MAR 28	1968	leave	and Judge	4
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	(11)	L			CERTIFICATE OF DI		03786
	£ (4)		ECEASED NAME First Type or print)	Middle	Last	2a. DATE OF DEATH	25. HOUR
	25-5		CHAR		PORTER	March Month	22 1988 6:10 M
	事工学と重	3. \$	EX	4 RACE	S. DATE OF BIRTH	I made to indicate	DIFS IF JINDER 1 YEAR OF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	by the Pages ours afte		Male	Negro	Feb. 7		YRS.
	bour hour	7a	BIRTHPLACE (State or foreign intry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED MEVER MARRIED		
	24 hc		South Car.	U.S.A.	WIDOWED X DIVORCED		Md.
	PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death e hospital or attending physicion. This certificate has been signed by the ottending physicion and completely filled in by the funcial stacked for use as the burial-transit permit. Then please remove carbon papers. Pages 7 and 2 Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death	3	CITY OR TOWN OF DEATH Fort Howard	give street oddress) Veterans Ho		12a. USUAL OCCUPATION (Kind of work during most of working life, even if re	
	npleti vent,	13c	USJAL RES DENCE (Where decease	d lived, if institution Residence before	1.00	INSIDE CITY LIMITS? 13e. STREET AND NUM	
	com ove	/	Marylan		City YE	S NO 2503 Elsi	nor Avenue - 16
	and company	14	FATHER'S NAME First	Middle Last	15. MOTHER S MAIDE		ddle Lost
	n a se r	L	ARTHUR	PORT			HARRIS
	cate Sicio pleo	160	Yes, na, ar unknown) (III yes give wor	r or dates of service)			Iress
	ne death certificate b ottending physicion permit. Then pleose ion, or removal, amd i	⊫	Yes WW-1	218 05 72	56 Clinical 1	Rods VA Hospital,	Fort Howard, Md.
	ing ing		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line far (a), (b), and (c	, ,		BETWEEN ONSET AND DEATH
	leat mit.		IMMEDIAT	TE CAUSE (a) SEPTICEM	<u>TA</u>		3 days
	he off per ion	1	5-5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	DUE TO, OR AS A CONSEQUENCE OF			
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	는 다 스타리		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
	equires 1 physicio signed t burial-tr burial, c				S MELLITUS	SEASE OR CONDITION GIVEN IN PART 1(a)	Years
	w requiring plants in the but to but	NO.	CHRONIC	BRAIN SYNDROME			
	The law reatending has been se as the h prior to	CERTIFICATION	19a. DATE OF OPERATION 19b C	ONDITION FOR WHICH OPERATION WAS P		CAUTED OF DEATUR	DINGS CONSIDERED IN CERTIFYING
	E se		ACCIONAL MAS HADERI VIA		YES 🗌	NO TX	
	AN: olo icote for a Heo	3			21c HOW INJURY OCCURR	RED (Enter noture of injury in Part 1 or	Port 2, Item 18.)
	SICI spit spit spit spit spit spit spit spit	J. W.	If either, natity medical examine	er) P.M.	19		
		-	While Not while		ACTORY.) 21f LOCATION Street or		County State
	OR ATTENDING be retained by the MRECTOR: After the 3 should be de ed with the State		22a. I certify that (4) (this	hospital) attended the decease	sed from March 5	, 19 <u>68</u> , ta March 2 (our) opinian deoth occurred an	2, 1900, that (i) (we) last
_	R: /		causes stated above.	(M) (we) (did) (did not) view the	body after deoth.	(our) opinian death occurred an	ine date and havr and fram the
	ATI ATI		22b. SIGNATURE	(1) (1)		445-	22c. DATE SIGNED
	od w be	1	Also	Ci- Caanie	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	3/23/68
	AL D		22d. PHYSICIAN S	1	22e. ADDRES		
	SPIT 4 m 4 m or, d b	L	NAME (Type) JOSE	A. RAQUEL, JR., N		spital, Fort Howar	
	TO HOSPITAL OR ATTEND Poge 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should Should be filed with the 9	230	BURIAL, CREMATION, 23b. D.	ATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Tow	
	5 5 5 5 V		REMOVA (Specify) 9/3		ore National	Baltimore	Maryland
	30M REV. LOS	24	FUNERAL DIRECTOR POWER POWER	Williams School	rungiat Dome		strar's signature



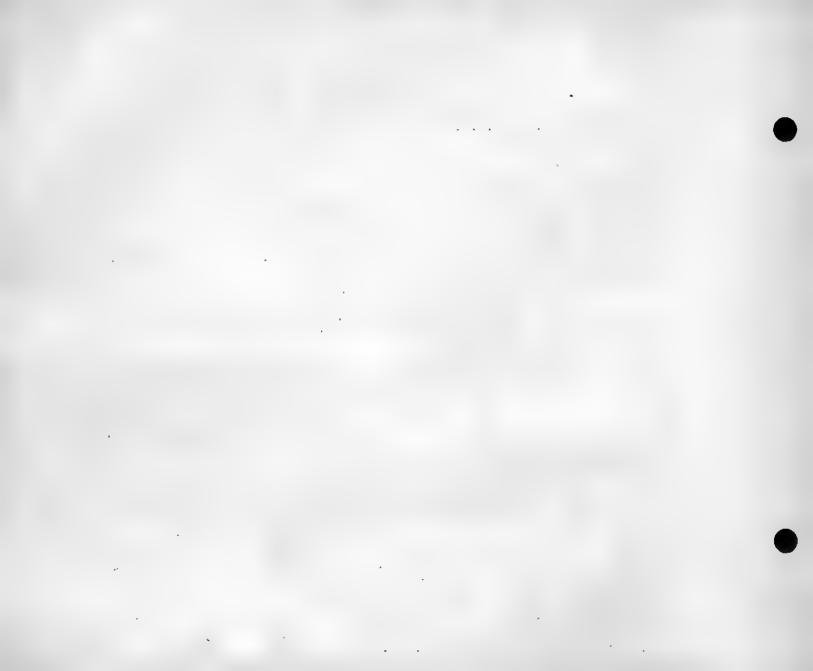
			STATE DEPARTMENT OF		
	400%	IVISION OF VITAL RECORDS, 30	RTIFICATE OF DEATH	IIMORE, MARYLAND 21201	** O *
- Bas	1. DECEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
eat Land	(Type or print) MARY	M.	PORTS	March Month 30	1968 (145/M
5 Z= 8	3. SEX	4, RACE	S. DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
s after (safter)	Female	White	12-19-1888	last birthday) 79 YRS.	MONTHS DAYS HOURS MIN
	7a. BIRTHPLACE (State or foreign 7	o. CITIZEN OF WHAT COUNTRY? 8	MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
d in pers	(auntry) Maryland	U.S.A.	WIDOWED X DIVORCED	Baltimore	Md
d within 24 letely filled carbon pape nt, within 77	10. CITY OR TOWN OF DEATH Catonsville	11. NAME OF MOSPITAL OR INSTIT give street address) ha dy	Nook Nursing	JAL OCCUPATION (Kind of work done nost of working life, even if retired.) Housewife	12b KIND OF BUSINESS OR INDUSTRY
camplete tave carl	13a USUAL RESIDENCE (Where deceased admission) STATE Marvland	lived, if institution Residence before 1 13b. COUNTY Anne Arunde 1	3c CITY OR TOWN 13d INSIDE CITY	LIMITS? 113e STREET AND NUMBER	lvd.
and coremon	14 FATHER'S NAME First	Middle Last	IS MOTHERS MA DEN NAME	First Middle	last
be n ar se r		sick		zarus	
physician physician en please aval, and i	16a. WAS DECEASED EVER IN U.S. ARMED Yes, no, or unknown) (If yes give wor i	- Auto- of conduct		Address	n11
phy phy en ava		218-50-525	3 rus. Ether Lo	owman, 103 Wilson	APPROX MATE INTERVAL
AN: The law requires that the death certificate be executed within 24 hours after death all are attending physician. It is a completely filled in by the interest of the buside has been signed by the attending physician and completely filled in by the interest far use as the buside-transit permit. Then please remove carbon papers from the least health priar to buside, cremation, ar removal, and in any event, within 72 thours after seath the last the	PART I. DEATH WAS CAUSED E IMMEDIATE Canditians, if any, which gave rise to immediate cause (a). Stating the underlying cause		Derinslante C	archo Vascular Herrosclerosis	BETWEEN ONSET AND GEATH
The law requires that the attending physicion. has been signed by the se as the burial-transit the prior to burial, cremat	last.	(c) CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(a)	
The law reattending I attending I has been see as the the prior to the	190. DATE OF OPERATION 196. CO	NDITION FOR WHICH OPERATION WAS PERFO	DRMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
The aff	\times		YES NO		
rSICIAN: aspital ar certificate hed far u	OR CONTRIBUTING CAUSE OF DEATH	21b TIME OF INJURY HOUR A.M Month Doy Year P.M. 19		er nature of injury in Part 1 or Part 2,	liem 18.)
	While Nat while	ACE OF INJURY (AT MOME, FARM, STREET, FACTOR		,	Caunty State
by frer frer be Stat	220. I certify that (I) (this saw the deceased alive causes stated above,	hospitol) ottended the deceosed e on 19 1) (we) (did) (did.not) view the bo	from , 19 , 19 , 4 , 19 , 4 , and that in (my) (our) op dy after death.	56, to Ma 30, 19 pinion death occurred on the do	LS, that (I) (we) last are and hour ond from the
O HOSPITAL OR ATTENE Page 4 may be retained o FUNERAL DIRECTOR: A director, page 3 shauld strough be filed with the	22b SIGNATURE		DEGREE PHYS.	MED STAFF 22c.	DATE SIGNED 4-1-68
O HOSPITAL Page 4 may O FUNERAL I director, page	22d. PHYSICIAN'S NAME (Type) Dr. H			Edmondson Ave.,	
TO HO Page direct				23d. LOCATION (City or Town) ETy Baltimore, Ma	
VR A 1 (4) 30M REV 1/68	24 FUNERAL DIRECTOR Howard H. Hubbard	, 4107 Wilkens Ave		BY REGISTRAR 2Sb REGISTRARS	SIGNATURE Judge

, 2 *,* . . . •

MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	17.58
FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4 7 4
(Type or Print)	nth Day Year 2b HOJR
	3/12/ 1968 X 3 M
3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years if UNDER 1 YEAR IF UNDER 24 HPS 20 DATE PRONOUNCED DEA Month Day Month Day Month Day Month Day Month Day	Year 112.53
3 SEX 4 RACE S DATE OF BIRTH A AGE (in years 15 UNDER 1 YEAR 16 UNDER 24 HPS 20 DATE PRONOUNCED DEA	1968 A.M
OUNTY OF CHILEN OF WHAT COUNTRY?	
	Md.
10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital) 120 USUAL OCCUPATION (Kind of work do give street address) 120 USUAL OCCUPATION (Kind of work do give street address) 13 NAME OF HOSPITAL OR INSTITUTION (if not in hospital) 14 Out of the street address of working life even if retire 15 Out of the street address of	d) INDUSTRY
	MICHAEL RD.
Paryland Bartimore RANDALLSTOWNS IN A RESTRICT Middle Lost Is MOTHER'S MAIDEN NAME First Middle	Lost
HYMAN PRESSMAN MARY	KRITZMAN
HYMAN PRESSMAN MARY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO 17 INFORMANT ADDRESS R 17 St. D. OF UNKNOWN) W.W. 11 1 2 16 28 - 1643 MRS. ANN PRESSMAN, 8507 GL	ANDALLSTOWN
\$ 8 5 0 0 VES W.W. 11 216-28-1643MRS. ANN PRESSMAN, 8507 GL	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c)) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cranio-cerebral Injury DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) (b)	APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c)) PART 1 DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Cranio-cerebral Injury DUE TO OR AS A CONSEQUENCE OF	
PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cranio-cerebral Injury DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove isse to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove isse to immediate cause (a).	
rise to immediate course (a), (b) Due TO, OR AS A CONSEQUENCE OF	
Do with the organization of the property of th	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190 DATE OF OPERATION 190 DATE OF OPERATION	
196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
	YES X NO
TO DE LA CALCADA CA CE MARC. TO THE OF DESIGNATION OF THE DESIGNATION	2, Item 1B.)
210 EXTERNAL CAUSE WAS PRIMARY XOR CONTRIBUTING THOURS MAN 12:58M 3/12/68 Driver in auto-tractor trail 21d IMJURY OCCURRED 121e P.ACE OF INJ.RY (At home, form, street, 21f LOCATION) Street or RFD No (iv or Town)	ler collision
CAUSE OF DEATH 12:5 BM 3/12/68 Driver in auto-tractor trai. 21d INJURY OCCURRED 3/12/68 Driver in auto-tractor trai. 21f IOCATION Street or R FD No (Iy or Town street) 5 tract 12:5 BM 12:5 BM 13/12/68 Driver in auto-tractor trai.	County State
TAIL TO BE SET T	Baltimore, Md.
220 I certify that I took charge of the remains described above, held an Autopsy XI, Inspection II, Inquiry depth resulted from: Notural causes II. Accident IX. Suicide II. Hamicide II. Undetermined man	and in my opinion
deoth resulted from: Noturol causes Accident X Suicide , Homicide , Undetermined man	ner 🗌
deoth resulted from: Noturol causes Accident X Suicide , Homicide , Undetermined man	
220 certify that I took charge of the remains described abave, held an Autapsy X, Inspection , Inquiry death resulted from: Notural causes Accident X, Suicide , Homicide , Undetermined many actual signature	DATE SIGNED
SIGNATURE Werner U. Spitz, M.D. EXAMINER'S NAME (Type) SIGNATURE ADDRESS(Street, city, town, or county)	3/12/68
	3/12/08
EXAMINER'S NAME (Type) ADDRESS(Street, city, fown, or county)	
230 BUR AL (REMAT ON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
230 BUR AL (REMAT ON, REMOVAL (Specify) BUR TALL 3-13-68 BALTIMORE HEWREW REISTERSTOWN	(County) (State)



7 1 4		MARYLAND STATE DEPARTMENT OF HEALTH	
C FEOD CTATE	I	tem & Film DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1317 (2)
HEALTH DEPT	100	MEDICAL EXAMINER'S CERTIFICATE OF DEATH ACCESSED NAME First Middle OF THE TRANSPORT Month D	4 2 27
of 96 to		Type or PrintWILLIAM PROBERT PRICE DEATH MATED WHAR.	6 1968 / AM
la ge la l	3 5	MARACE S DATE OF BIRTH 6 AGE (in years if Under 1 Year if Under 24 Hrs 22. Date PRONOUNCED DEAD 4 RACE 4 RACE 5 DATE OF BIRTH 6 AGE (in years inghody) 7 AGE 7 AGE 8 AGE (in years inghody) 8 AGE (in years inghody) 9 AGE (in years inghody) 10 AGE (in years inghody) 10 AGE (in years inghody) 11 AGE (in years inghody) 12 AGE (in years inghody) 13 AGE (in years inghody) 14 AGE (in years inghody) 15 AGE (in years inghody) 16 AGE (in years inghody) 17 AGE (in years inghody) 18 AGE (in years ingho	Year 19 68 745
		BIRTHPLACE (State or fore.gn 76 CITIZEN OF WHAT COUNTRY? B. MARRIED K NEVER MARRIED 9 COUNTY OF DEATH Baltimore Baltimore	Md
hours ofter death tem 18. Give Pages Office along with for and 2 with the State	10.		Zb. KIND OF BUSINESS OR NDUSTRY
hours ofter Item 18. Gis Office alang I and 2 with the	13a.	. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN Idmission) STATE M.D. 13b COUNTY BATO. SPACES YES NOT THORNOW M.	we RD
24 hour in Item r's Office es Land 2 rrs after	14.	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Robert Price 7 ?	Last
vithin 24 pencil in ominer's e poges 2 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or with Bown) (if yes give wor or dates of service) 16b SOCIAL SECURITY NO 17. INFORMANT Robert E. Price, Sparks, Md.	21152
INER: This certificate should be executed within 24 hours offer death a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Exominer's Office along with form files. 3 should be used as a burial-transit permit. File pages I and 2 with the State Desiron, or removal, and in any event within 72 hours after death		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse (b) DUE TO, OR AS A CONSEQUENCE OF (c) (c)	APPROXIMATE MITERVAL BETWEEN OWSET AND DEATH
tificate s riting the arded to d as a bu	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	Jan Allaneva
his cer ate, w e forw be use	CERTIFICATION	WAS PERFORMED?	20. AUTOPSY? YES NO NO
KAMINER: This certific te the certificate, writin te 4 should be forward your files. oge 3 should be used a cremotion, or removal,	MEDICAL CE	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item CAUSE OF DEATH	18)
	W	21d INJURY OCCURRED WHILE NOT WHILE 12le. PLACE OF INJURY (At hame, form, street, foctory, affice building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
SICAL EXAMINER: se execute the certicator. Page 4 should ned for your files. ECTOR: Page 3 should burio, cremotion,		220. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry, death resulted from: Notural causes, Accident, Suicide, Homicide, Undetermined monner	ond in my opinion
please pl		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER SIGNATURE SAMINER	
O DEPUTY necessary, the funero 5 may be O FUNERA Health pu	230	BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (C	County) (Stote)
		Burial 3,8,1968 Jessop Methodist Sparks, Md. Bal	
R	24.	FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	SNATURE
VR A15ME (5) 10M REV 1/d8	Ţ	Wm. Cook-Brooks Towson, Towson, Md. 21204 MAR 7 1868 general	1



λı.	1.		* 00**		DIVISION	OF VITAL RECORDS			REET. BALTIMO		LAND 21201		
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	نے کے	/ T.	DECEASED-NAME	First		Middle		Lost	12	2a. DATE OF D	EATH		2b. HOUR
	death and death		(Type or print)	Ger	trude	В.	Qu	en zêl		Mon	Month Bay	1 9 6 8	7.3 A.M
	2 - 5	3.	SEX		4 RACE			S DATE OF B	IRTH	A	AGE (In years	IF JHOER I YEAR	IF UNDER 24 HRS.
	physician. signed by the attending physician and completely filled in by the burial-transit permit. Then please remave carban papers. Pages burial, crematian, ar remaval, and in any event, within 72 haurs after the complete complete company.	L	F			W		Aug.	22,188	7	last birthday) 80 YRS.	MONTHS DAYS	HOURS ANN.
	hours hours		BIRTHPLACE (Sto	ite or foreign	76. CITIZEN O	F WHAT COUNTRY?	8. MARRIEI	NEVER MAI	RRIED 9. 6	COUNTY OF D			
	d in Pers.	L	Bal	to Md.	U.	S. A.	MIDOMEI	DiV0	RCED 🔲	Balt:	imore		Md.
		10	CITY OR TOWN			OF HUSBIAN OF	INSTITUTION (II	not in hospitol	120. USUAL C	CCUPATION (K	and of work done	12b KIND OF E	USINESS OR
	and completely filled in remove carban papers.			more 21	212	give street oddress)	y Vil	la	Reti:	red – Nz		Nursin	<u>p</u>
	plet car car ent,		a USUAL RESIDEN Imission) STATE		d lived, if in:	stitution. Residence befor	pr 13c CITY (IR TOWN	13d. INSIDE CITY LIMITS?	? 13e STREE	T AND NUMBER		
	comp give g	'		Md.		- C	Balti		YES NO	1 708	Deepden	e Road	
	and and rem	/ I ^b	I. FATHER'S NAME	First	Midd	ile Lost		IS MOTHER'S M	AIDEN NAME First		Middle		Last
	ate be kian a lease and in	L		Douglas		enzel			Sevilla	a V.		orris	
	skcro	1	So WAS DECEASED Yes, no. or unkno	EVER IN U.S. ARM	ED FORCES? Ir or dates of service	16b. 50CIAL SECURIT	Y NO [17	INFORMANT			Address		ad
	e death certificate b attending physician sermit. Then please an, ar remaval, and	Ļ						rs Edr	<u>na Murra</u>	ay Hi	Llcrest		
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	equires that physician. signed by burial-trant		PART 2 OTHE	R SIGNIFICANT CON	DITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED	TO THE TERMINA	AL DISEASE OR CONE	DITION GIVEN I	N PART 1(a)		
	w rading ling een the the r to	- 8	5 4										
	ICIAN: The law repital ar attending rithcate has been at far use as the of Health prior to		190 DATE OF C	PERATION 19b (ONDITION FOI	R WHICH OPERATION WAS	PERFORMED	20a AUTO		CAUSES O	ES, WERE FINDINGS CO F DEATH?	ONSIDERED IN CE	RTIFYING
	T at a bod with the state of th							YES [
	AN: ol al or cate			T WAS UNDERLYING ING [CAUSE OF DEATH	215 TIA	MEOFINJURY A.M. Month Doy Ye	or 21c	HOW INJURY OC	CURRED (Enter no	ture of injury	in Part 1 or Part 2, 1	tem 18.)	
	SICE Spirit Sice Sice Sice Sice Sice Sice Sice Sice	1	(If either, not	fy medical examin	er}	P.M.	19						
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 be retained by the haspital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician and completely filled in a 3 shauld be detached far use as the burial-transit permit. Then please remove carban papered with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72.	1	21d Hr.JRY (While No at work of	CCURRED 21e. I	PLACE OF INJU	JRY (AT HOME FARM, STREET, OFF CE BUILDING, ETC	FACTORY.) 21f	LOCATION Stre	et or R.F.D. Na.	City or	Town	Caunty	State
	NG y th y er t		22a L cert	ify that (1) (the	-hoenital)	attended the decer	sed from	3-7	19600 8	, to a	3-25 19	GF that	(1) Augh Inst
	NDING of by t After d be c e State		saw t	ne deceased o	ve on	attended the deced	1968, a	nd thot in (m	ny) (our) opinio	n death ac	curred on the da	te and havr o	ind from the
	agine in the state of the state	-1	cause	s stated above	(1) (ms)+	ded) (did nat) view th	e bady afte	r death.					
	OR ATTENDING De retained by It NRECTOR: After I e 3 shauld be d ed with the State		22b SIGNATUR	E	4////	10	/	ATTENDI	NG MED		STAFF C	ATE SIGNED	1.0
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	AL AL Poge		22d. PHYSICIA NAME (Ty	N'S	ักษร	lip D. Fl	7770 Y	22e. ADI	DRESS	Cha	se St.		
	O HOSPITAL OR ATTENPAGE 4 may be retained O FUNERAL DIRECTOR: director, page 3 shauld stybuild be filed with the												
	He age) 2	BO BURIAL, CREMI	ATION, 23b D				R CREMATORY			(City or Town)	(County)	(State)
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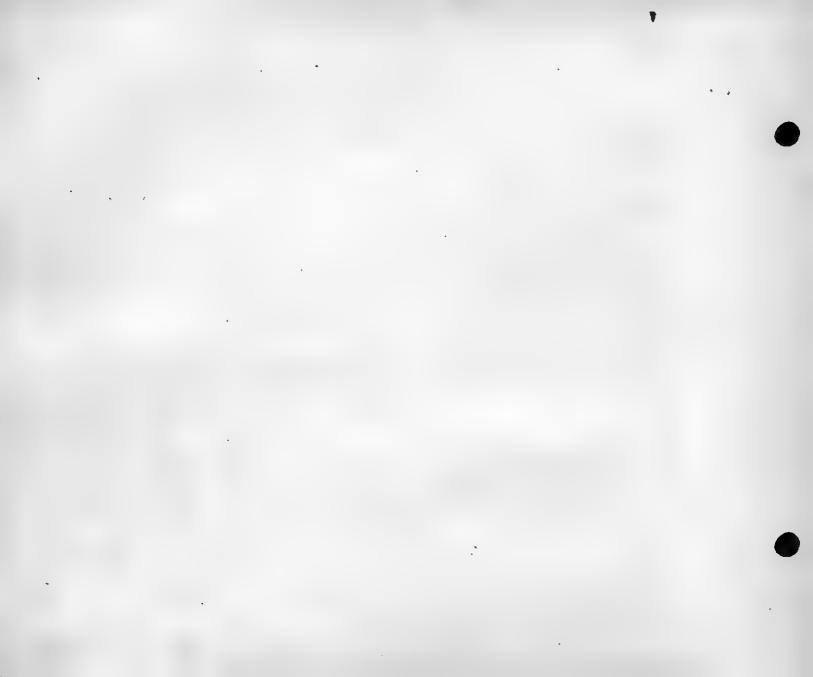
MARYLAND STATE DEPARTMENT OF HEALTH



, s		MARYLAND STATE DEPARTMENT OF HEALTH
. 1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
= 0/A/	3. D	ECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR
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a de co	3. 5	
at safe		last bitchay) Months Oxys Hours Milh
Poge	70	
gh Figure 1		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 19. COUNTY OF DEATH WIDOWED 10 DIVORCED 18. MARRIED MIDOWED 18. MARRIED 10 NEVER MARRIED 18. MARRIED 10 NEVER MARRIED 18. MARRIED 10 NEVER MARRIED 18. MARRIED 18. MARRIED 19. COUNTY OF DEATH WIDOWED 18. MARRIED 1
rin 24 filled pape thin 7.	10	ATY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR
with ely bon wit		Ope Kail Stille give street address) Masonic Home during most of working life, even if retired) INDUSTRY forma
ecuted with completely ove corbor y event, with	130	JSUAL RESIDENCE Where deceosed fived, if institution Residence before 13c CITY OR TOWN 13d IMSIDE CTY LIMITS? 13e STREET AND NUMBER
comi		Mai Baltimore lowson 15 314 Ulfginia are.
ond ond reminant	14	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Lost
Be Se I	L	Monitor latchman Lela K. Murray
irtificote b physician en pleose oval, and i		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, na, or unknown) [1] yes give war or dates at service) Address Address
physen povat	L	no itemas of masonic home coekers 111/2/19
E PE		18. CAUSE OF DEATH (Enter any one couse per I ne for (a), (b) and (c).) DETWIEN ONSET AND GEATH
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affe on,		DUE TO, OR AS ANCONSEQUENCE OF A CONTRACT OF THE STATE OF
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ing ing he to	1 3	
end s be os 1	١Ĕ	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.)
The off	RIFF	YES NO CAUSES OF DEATH?
NN: Torner or teal	100	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
Triffic of the	MEDICAL	(If either, natify medical examiner) P.M. 19
HYS hos s ce zche	2	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. Na. City or Town County State
the Deet of the De	L	at work at work
by frer Stot	П	22a. I certify that (I) (this haspital) catended the deceased fram 1968, and that in (my) (our) apinian death accurred on the date and haur and from the
ENE Pld St. A	l	saw the deceased give an analysis and that in (my) lough apinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did nat) view the body after death.
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	П	226. SIGNATURE 7
OR ATTENDING De retoined by 11 NRECTOR: After 1 e 3 should be de ad with the Stote	L	JAMSHIW HAMED DEGREE PHYS PHYS. 3/2/68
AL D	L	22d PHYSICIAN S 22e, ADDRESS 22
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 moy be retoined by the hospital or ottending physicion. O FUNERAL DIRECTOR: After this certificate has been signed by adrector, poge 3 should be detached for use as the buriol-transhould b filed with the State Dept. of Health prior to burial, creating the puriol.	L	NAME (Type) + Hame My. MASONIC FOME, SCHENS VILLEMO
HO Bge north	230	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
5° 5° 5	L	REMOVAL (Specify) MAR & 1968 Spesutia Perryman, Md.
VR A15 (4)	24	FÜNERAL DIRECTOR 1050 ADDRESSE K Rol 1050 ADDRESS
30M REV 1/68	V	TOWSEN IN JAN DATE MAN JOHN TOWSEN IN SILVED DATE MAN

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· _ 1]	MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND 21201 MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND 21201	
FOR STATE	F	G399 4/3/68 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1 33
HEALTH DEPT.	1 D	ECEASED-NAME Frst Middle Lost 20 DATE KNOWN Month	Doy Year 2b HOUR
S 20 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	(Type or Print) MAMIE REINHARDT DEATH MATED THE	27 1963 11:10M
3 3 3	3 5		2d HOUR
2, and 3		The male W 2/21/189 79 yes MONTHS DAYS MILL Month man Day 2-	7 Year 1968 1/10 M
- & - Z	coun	BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH (17)	5
rges rges h fa	10. (TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospita 12a USUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
ifter death Give Pages lang with far iith the State ath.	-	MT. Walson give street address) The Wilson Hosping most of working life, even if retired)	INDUSTRY
s after 18. Gru alang 2 with t death.		USJAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN). 30 ANSIDE CITY LIMITS? 13e STREET AND NUMBER	A- who
175 ce a ce a 172 w		dm ssian) STATE ma. 136 COUNTY U Bulti YES NO 1815 Ball	1.51
24 haurs after death in Item 18. Give Pages r's Office alang with failes I and 2 with the State rs after death.	14 5	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Last
h.n 24 notl in niner's pages haurs	16a	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ASSISTANT	25
with:n pencil xamine ile pag	(1	(es, no, or ynkyrown) (if yes give war or dates at service) Report - 30 Balls, Rev	. Hasp
ed with period of the File of		18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b) and (c))	APPROXIMĀTE INTĒRVAL BETWEEN ONSET AND DEATH
Medical permit		PART I DEATH WAS CAUSED BY Preumong.	3 da.
be execute "pending" tief Medical prisit permit		Conditions if any which gave) DUE TO, OR AS A CONSEQUENCE OF EST Pulmanale	
d be Chie from		rise to immediate couse (a). (b)	6 mit
INER: This certificate should be executed within 24 hours after death e certificate, writing the ward "pending" in pencil in Item 18. Give Pages should be farwarded to the Chief Medical Examiner's Office along with far files. 3 should be used as a burial-transit permit File pages Land 2 with the State action, or remayal, and in any event within 72 hours after death.		stoting the under ying couse Due to, or as a consequence of Pulsicarray The	4424
s certificate she, writing the farwarded to to used as a bur emaval, and in		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
iting arded al. a	NC	0021 Trong.	
This certific icate, writin be farward d be used as	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WH.CH OPERATION WAS PERFORMED?	20, AUTOPSY?
This icate be if the factor of	CERTIF	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, It	YES NO M
INER: Thise certificates should be files. 3 should be asknowld be	B	PRIMARY OR CONTR.B. TING HOUR A.M NOTH TRANK.	0711 14 <i>-3</i>
	MED	21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. No City or Fown	County State
2012		AT WORK LI AT WORK LI	
AL Bexecon. Por I for I		22a. I certify that I taak charge of the remains described above, held an Autapsy 🔲, Inspection 🔀, Inquiry 🔀	
OlCAL lease exerdirector. Patiented fa DIRECTOR		death resulted fram Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
ple reto		ACTUAL SIGNATURE Z. D. COR CONT. ASSISTANT MED CAL EXAMINER 226 DATE	SIGNED
ssary, I funeral on be r		EXAMINER'S DEPUTY MEDICAL EXAMINER 🔀	127/185
		NAME (Type) DII-CAPLES M.D. ADDRESS(Street city, town or county) Resolution	
5 = = ~ 5 = _	230	BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gry or Town)	((aunty) (State)
nk.	24	JUFFRAL DIRECTOR 250 REGISTRAR 25b REGISTRAR 25b REGISTRAR 5	SIGNATURE
VR ATSME (5)	11	falilly 130 F Front Price Palto MIE 31AD 29 1968 Pello	were judge



MAKTLANU STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Eirst Middle Lost 2o. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) Month Gold en Baker Rhodes AM March 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) FUNDER + YEAR IF UNDER 24 HRS Dec.10,1896 MONTHS DAYS White Male 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH burial, crematian, or remaval, and in any event, within 72 ha 8. MARRIED X NEVER MARRIED the attending physician and campletely filled in sit permit. Then please remave carban papers. U.S.A. WIDOWED [DIVORCED Balt imore 10, CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)

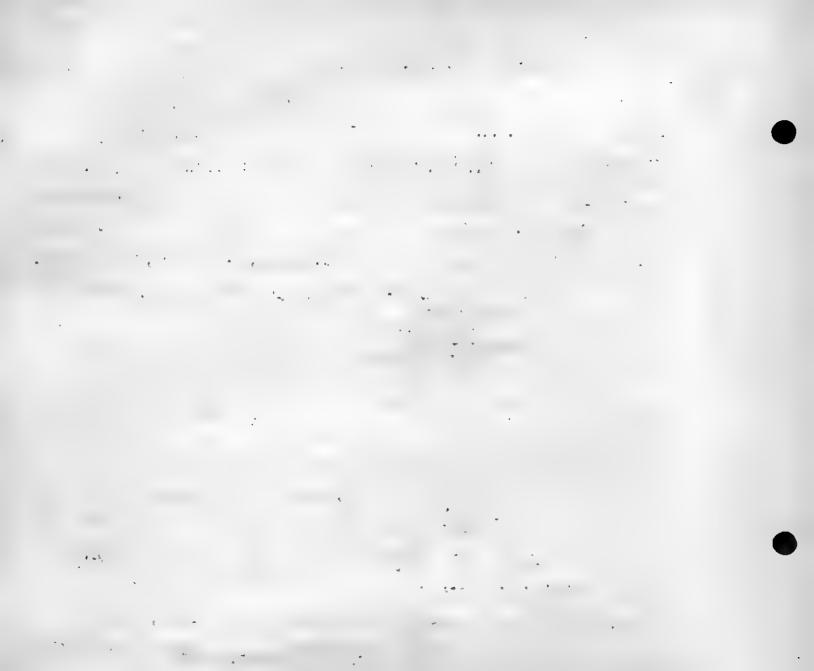
Cabinet Maker

INSIDE CITY LIMITS? 138 STREET AND NUMBER 109 Second Avenue INDUSTRY Reisterstown Building 130 USUA, RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13d. ENSIDE CITY LIMITS? odmission) STATE Baltimore Reisterstown NO 🔲 109 Second Avenue Maryland 14 FATHER'S NAME First Middle 15 MOTHER'S MAIDEN NAME First Middle Ettie John A. Rhodes Baker 160. WAS DECEASED EVER IN 16.5. ARMED EORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, ar unknown)
Yes (if yes give war or dates of service) 214-24-8913 Vada E. Rhodes 109 2nd Ave. Peis. Md. 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic C-V Disease 2 yrs. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Parkinson®s Disease signed by the burial-transit p 20 yrs. Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar ta l 190, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [X 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote White Nat while at wark 22a. I certify that (i) (this hospital) attended the deceased fram 9-21-48, 19, ta 3-14-68, 19 saw the deceased alive an 2-15-68, 19, and that in (my) four) apinion death accurred on the day ____, and that in (my) (5%r) apinian death accurred on the date and have and from the causes stated abave, (1) (week (did) (what not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED 3 - 15 - 68DEGREE DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS 6 Hano NAME (Type) D. D. Caples, M. D. Hanover Rd., Reisterstown, Md. 21136 23d LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Mar. 16, 1968 Evergreen Mem. Gardens Finksburg, Carroll, Md.

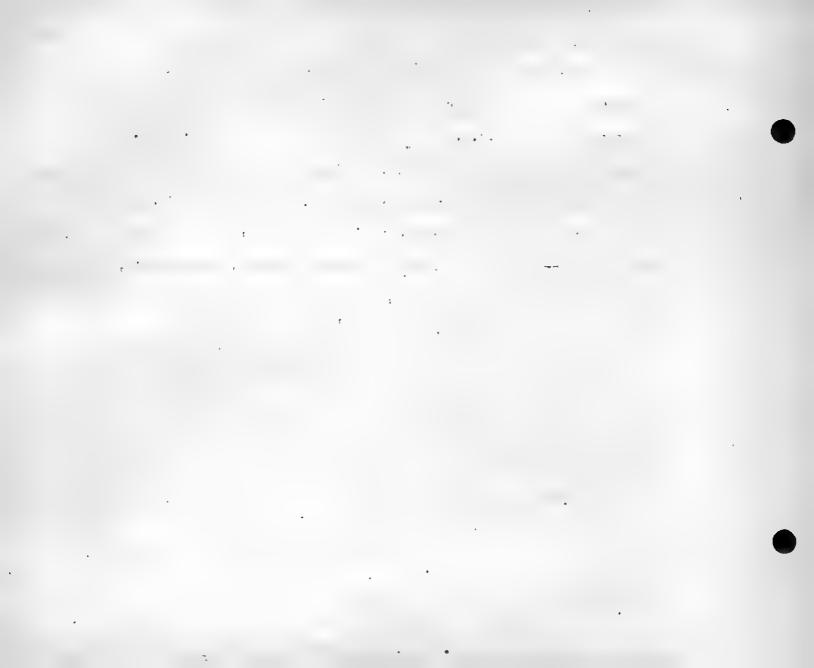
ADDRESS | 250 REC'D BY REGISTRAR | 25b REGISTRAR'S SIGNATURE Burial 24. FUNERAL DIRECTOR Charley Ymes Owings Mills, Maryland. DAMAR 18

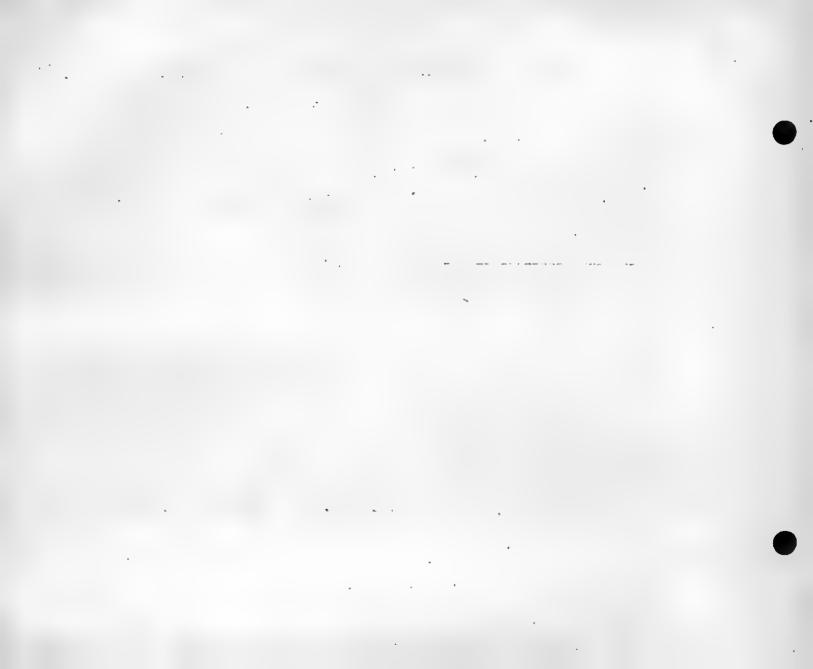


A. S.	1	2	.3812	DIVISION OF	VITAL RECORDS,	301 W. PRESTON ERTIFICATE C	STREET, BALTI		RYLAND 21201	í	7 5	
			PECEASED NAME First Type or print) HE	RBERT	Middle ANDREW	RITTER		20. DATE OF	DEATH Manth 26 ^{Poy}	Yeor 68	26 HOUR	
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	within sely fille ban pa	F	CITY OR TOWN OF DEATH ORT HOWARD	VET	reet address) HOS	PITAL TRUC			(Kind of work done even if retired)	125 KIND OF B	12b KIND OF BUSINESS OR UTLY COMPANY	
	camplet ave car y event	4 Odn	. JSUAL RESIDENCE (Where deceos inssion) STATE MARYLAND	13b COUNTY	IMORE	DUNDALK	YES NO	29	REET AND NUMBER 268 SOLLER	S POINT	ROAD	
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	rtificate physicio en plea aval, an	160	NAS DECEASED EVER IN U.S. ARA Yestnese unknawn)	IED FORCES? or at dates of service)	705 09 29			VA HOS	SPITAL, FT		MD.	
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers plaufauld be filed with the State Dept. at Health prior ta burial, trematian, ar remaval, and in any event, within 72 hours	NO	18. CAUSE OF DEATH (Enter an PART I. DEATH WAS CAUSED IMMEDIAL Conditions, if only, which gove a fise to immediate cause (a), starting the underlying couse last	DUPSE (a) AD DUPSE (b) BR (c) N	ENOGARCINO PORTUMENTO ONCHOPNEUM PORTUMENTO PORTUMENTO EPHROSCLET	OMA LEFT LU IONIA				PAS IS	AND DEATH	
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	D HOSPITAL OR ATTENDING PHYSICIAN: The law repage 4 may be retained by the haspital or attending FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to		While Not while			ory.) 21f. LOCATION :			or Town /26/60 19	County that	State (IF (we) last	
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	TAL OR may be re AL DIRECTOR DI	}	22d. PHYSICIAN'S NAME (Type) AHMED	ed K KIT	Kulty	OVUDEGREE PHYS 22e.		RECTOR 🗀	STAFF PHYS. DK	3/26/68		
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	F 2-7	3./5	X	4. RACE			S DATE OF BI	IRTH		6. AGE (in years	IF UNCER 1 YEAR	IF UNDER 24 HRS
	s aft the age:	Ł	Female		Vegro		7/2	0/49		last birthday)	MONTHS CAYS	HOURS MIN
	hours after to by the furs. Pages I hours after	7o.		b. CITIZEN OF WH	AT COUNTRY?	8 MARRIED	☐ NEVER MAR	RRIED 9. 1	COUNTY OF E	EATH		
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	the strip matin		Conditions, if any, which gave a rise to immediate cause (a).	(b)	oncutse	ue	Disa	iders			-	
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	OR ATTENDING PHYSICIAN: be retained by the haspital ar DIRECTOR: After this certificate ge 3 shauld be detached far us led with the State Dept. af Heall		21a. ACCIDENT WAS UNDERLYING	A 100 111111 W1		21c. H	OW INJURY OCC	URRED (Enter na	ature of injury	ın Part 1 ar Part 2,	Item 18.)	
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	G P the the detr		at work at work							/18	- 10	85
	by Affeel be Sta		22a. I certify that (F) (this saw the deceased alive	hospitol) atte	nded the decease	d from	d that in (2/10 , 19	bo , that	(F) (we) lost
	TEN ined ined Suld the	1	couses stated abave,	(X) (we) (did) (didxet) view the b	ody ofter	death	ilit (ooi) abiiiio	on deom oc	corred on the de	ne ona noor	one mon me
	ECT Shutth		22b SIGNATURE		7 1000	Mel	ATTENDIN	NG MED.		STAFF 22c.	DATE SIGNED	. >
	DIR DIR Jed 3	1	Zuc	recia	7. poven	DEG	REE PHYS	☐ DIREC	CTOR K	PHYS. L.J 3	-29-6	8
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	OS PARE SE	220	BURIAL CREMATION, 23b DA	TE /	23c NAME OF C	EMETERY OR	CREMATORY	12	MOLTADOL LEN	(City or Town)	((a sobe)	(State)
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1.2	ı	MARYLAND STATE DEPARTMENT OF HEALTH	
6		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
$\langle M \rangle$		CERTIFICATE OF DEATH	5379N
± 2−2±		DECEASED NAME Control Pirst Middle Lost 20. DATE OF DEATH	25. HOUR
after death to the function of the death of the death	{	(Type or print) ALMON T Ross Ross March Day	Yeor GAM
国 中二章	3. S	SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years III UND)	ER I YEAR IF UNDER 24 HRS
	L	Male White ach 16, 1881 lost birthday) YRS. MONTHS	DAYS HOURS MIN
by by hou	7g.	BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	0 11
24 h ad in pers	0	Palifornia U.S.H WIDOWED & DIVORCED - CORRED	Salto Md.
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after etained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and campletely filled in by the furshauld be detached far use as the burial-transit permit. Then please remave carban papers Pages 1 with the State Dept. of Realth priar to burial, cremation, ar remaval, and in any event, within 72 hours after		W/V/ 1 1 1 gye street oddress), // dwring most of working life, even if retired) IND	KIND OF BUSINESS OR DUSTRY
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e death certificate L attending physician sermit. Then please an, ar remaval, and	160	Address Yes, ng. gr unknown) (II yes grow wer or dorles of service) Address Address	7
Phyy en grand	L	yes WWI 213-10-26964/Arriett Mass Dorrell 4114 1.	0715 /d 2/108
e La		18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c))	APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
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The Latter has se as	CERTIFICATION	YES NO CAUSES OF DEATH?	SED IN CERTIFIING
de he he	(ER)	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18	1)
PHYSICIAN: The law rehe haspital ar attending this certificate has been letached far use as the Boept, of Health priar to	MEDICAL		•/
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the Ithe Ithe Ithe Ithe Ithe Ithe Ithe I		at wark of work	
IDING 1 by 1 After 1 be c		22a. I certify that (I) (this hospital), attended the deceased from FALL, 19.5%, to IMPRCH 24 1968, and that in (my) (our) opinion death accurred on the date and	, that (I) (we) last
END ned R: A uld the t		sow the deceased alive on 1962 and thot in (my) (our) opinion death accurred on the date one courses stated above, (I) (we) (did) (did not) view the body after death.	d hour ond from the
ATT ATT		226 SIGNATURE 22c DATE SI	GNED
OR be re		Marvin Location DEGREE PHYS. MED. STAFF IN MED. STAFF IN MED.	
AL Day to boog and the program of files		22d. PHYSICIAN'S A	415
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed we Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleted director, page 3 shauld be detached far use as the burial-transit permit. Then please remave cark shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event,		NAME (TYPE) MARVIN GOLDSTEIN GOOD PARK HEHTS. HUE DALTO.	MD
HO age Ful	23a	a. BURIAL (REMATION, PREMOVAL (Specify) 3-30-68 23c NAME OF CEMETERY OR CREMATORY 23d. 10CATION (City or Town) (Court of St. Helena Cali	
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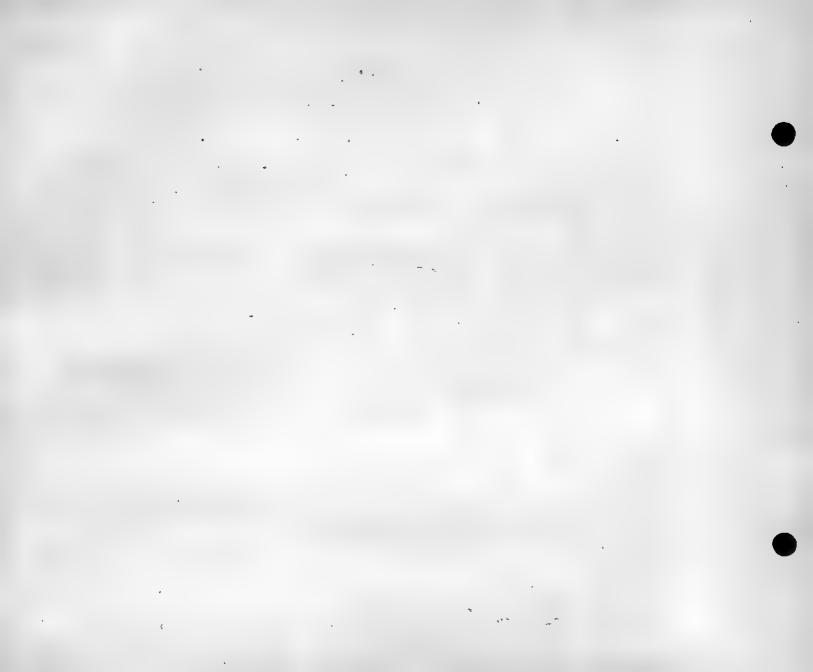


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR death. after death (Type or print) E. March Mary 1988 Roub 9:00Am 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IE LINDER 24 HRS. 6 AGE (in years 3. SEX Female last birthdoy) signed by the attending physician and completely filled in by the burial-transit permit. Then please remave carban papers. Pages burial, crematian, or remaval, and in any event, within 72 hours after White Nov. 26, 1902 requires that the death certificate be executed within 24 hours 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 7b CIT-ZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED Pennsylvania U. S. A. Baltimore WIDOWED K DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR INDUSTRY L'ACTORY 2803 Ritchie during most of working life, even if retired) | INDUSTRY Far Sewing Machine Operator Shoe Edgemere Avenue 13a. USUAL RESIDENCE (Where deceased lived, Finstitution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER admission) STAPEnnsylvania 36 (OUNTY Blair Martinsburg 118 Mansard Street YES TO NO 14. FATHER'S NAME First Middle Inst IS. MOTHER'S MAIDEN NAME First Middle Emmanuel Glass Not Known 17 INFORMAMAUghter) 16b. SOCIAL SECURITY NO Edgemere, AddressMd, 21219 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no, orunknown) 210-24-9144 Mrs. Pauline Butts, 2803 Ritchie Ave. APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 1 Eur IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been lirector, page 3 shauld be detached for use as the hand he filed with the State Dept. of Health prior to 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 19a. DATE OF OPERATION CAUSES OF DEATH? YES 🗔 NO A Page 4 may be retained by the haspital ar 21o. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. directar, page 3 shauld be detache shauld be filed with the State Dept. 21d INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County White Not white of wark 20, 1968, to March 11, 1960 22a. I certify that (1) (this haspital) attended the deceased from 1965, and that in (my) (our) opinion death occurred on the dote and hour and from the causes stated obove, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR 3/12/68 DEGREE PHYS PHYS 22e. ADDRESS PHYSICIANS NAME (Type) ROGER G. WINUSOR 5-20 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE (County) Pa (State) 23o BURIAL, CREMATION, PEMOVAL (Specify) 3/15/68 Brumbaugh Cemetery 2 Martinsburg, R. D. Blair Co. 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) licenthe personal 8 John J. Duda, 7922 Wise Ave. Dundalk, Md. 196B 30M REV 1/68



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Last 2a DATE OF DEATH death. ond (Type or print) Month MARCH MCGIL the attending physician and completely filled in bythe toward carbon papers. Pages 1 3. SEX S. DATE OF BIRTH after 4 RACE 6. AGF (In years FUNDER EYEAR PAYS last birthday) HOURS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED T NEVER MARRIED The low requires that the death certificate be executed within 24 havi WIDOWED TS DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working lyfe, even if retired }> - Mational 3 mame nnact 13g USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIM TS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY hard Cheor 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME FIRST Middle nuenlot wittera 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address La CE Yes, no. or unknown) (If yes give war or dates of service) cremation, or removol, Manniettsvil 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit permit. HYPERTENSIVE CARDIOVASCULAR DISEASE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) GENERAL ARTERIOSCLEROSIS ase to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse ADVANCED SENILE DETERIORATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) Page 4 moy be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been os the 19g, DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO [X] YES 🗀 for use Heolth 21 a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No 21d INJURY OCCURRED City or Town State County While Not while at work causes stated abave, (1) (and (aid) (didnet) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING STAFF 25/March/68 DIRECTOR PHYS 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) William H. Lawson, Jr., M.D. Box 54. RD #2. directar, should 23d. LOCATION (City of sent of 1 (Cours) 784(Stote) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION 23b. DATE -REMOVAL (Specify) 2-8

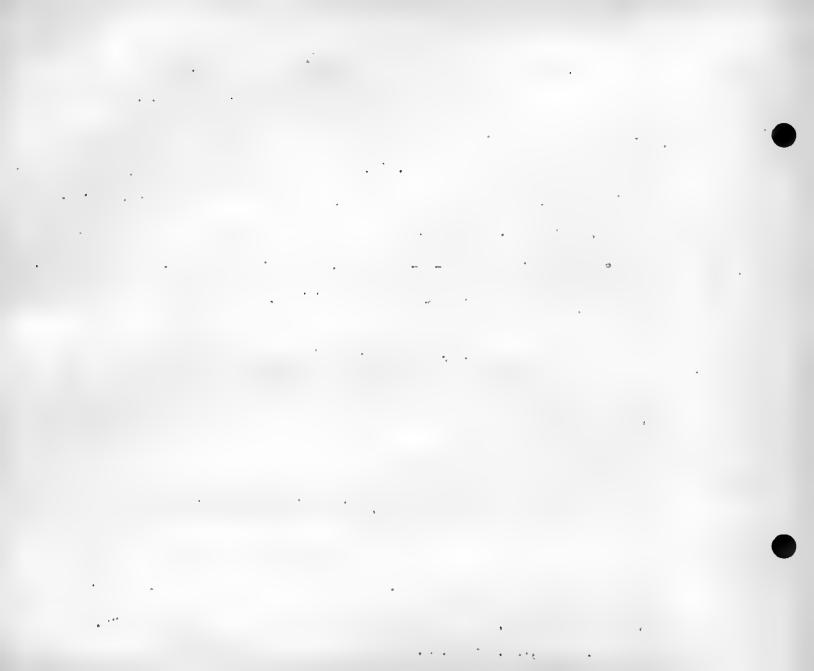
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b HOUR P Midd e 2n DATE OF DEATH DECEASED NAME First Schwabland (Type or print) 2 Doy 196801 Howard Schwarzance March 10:40 John 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR karkar 12/11/23 lost birthday Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the buriof-transit permit. Then please remove carbon papers. Pages should be filled with the State Dept. at Health prior to buriof, cremation, or removal, and in any event, within 72 hours after the prior to buriof. MONTHS DAYS HOURS Mala White 7b. CITIZEN OF WHAT COUNTRY? 24 hour 7o BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland U.S.A. Baltimore DIVORCED ["" WIDOWED | 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most at working life, even if retired.) give street oddress) St. Joseph Towson 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY CANTES? 13e STREET AND NUMBER requires that the death certificate be executed admission) STATE Maryland 13b. COUNTY Baltimore 2233 Old Eastern Ave. YES [Baltimore 14. FATHER'S NAME 15. MOTHERS MAIDEN NAME First Middle First Middle Last Bertha Schwabland Weakland Peter 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, ar unknawn) Mrs. Virginia Geenfield, 133 Lyndale Ave. #36 216-12-2297 IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART | DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH Pulmonary abscess/ Pulmonary tuberculosis IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Malnutrition Canditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Chronic alcoholism PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a, DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES PC NO [210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) HOUR AM. Manth Day Year 21e. PLACE OF INJURY (AT HOME, FARM, STREFT, EACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at wark 22a. I certify that (4) (this hospital) attended the deceosed from March 2, 19, 68, to March 2, 19, 68, that (3) (we) last saw the deceosed office on March 2, 19, 68, ond that in (My) (our) opinion death occurred an the date and hour and from the causes stated above, (4) (we) (did) (68d 68t) view the bady after death. 22b. SIGNATURE **ATTENDING** DIRECTOR Smaile 4 DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN S Lawrence Misanik, M.D. 7620 York Rd. 21204 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) 23a BURIAL, CREMATION, (Stote) REMOVAL (Specify)
Buris I
24. FUNERAL DIRECTOR 3/7/68. Baltimore, Md Holy Redeemer Cemetery 250 RECDAR REGISTAR 19686 RECEIVARSSINGUE Ruck, Inc. Balto . Md. 21214 Leonard J. 30M REV 1/68 DATE



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	bert Reiter	606 Ed	mondson Ave.	<i>'</i> /
BULLAP A	Jarob 20, 1968 Bal	OF CEMETERY OF CREMATORY		(County) (State)
H. W. Jenkins	& Sons Co. 4905 Yor Balt	R Road	MAR 1 9 1988	arles Judge

MAKTLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03828 CERTIFICATE OF DEATH 03809 DECEASED-NAME Furst Middle Lost 20. DATE OF DEATH 2b HOUR (Type or print) 3. SEX 6 AGE (In years IF JNDER 1 YEAR IF JNDER 24 HRS requires that the deoth certificate be executed within 24 hours 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) WIDOWED DIVORCED director, page 3 should be detoched for use os the burial-transit permit. Then please remove carbon pay should be filed with the Stote Dept. of Health prior to burial, cremation, or removal, and in any event, within 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital R 7 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street oddress)
628 Rocka during most of working life, even if retired) RURAL 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER RA 13h COUNTY RURAL BEACH 34 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Last LINDENBERGER EULER MARY 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no. or unknown) ABOVE APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY signed by the ottendi burial-transit permit. IMMEDIATE CAUSE (o DUE TO, OR AS A CONSÉQUENCE OF Conditions, if any, which gave nse to immediate cause (o). DUE TO, OR AS ACCOMSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a, AUTOPSY? CAUSES OF DEATH? YES 🗀 NO [FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2 Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Not while at work 22a | certify that (1) (this haspital) attended the deceased from 3/2, 1960, ta 3/28, 1960, that (1) (we) last saw the deceased alive an 3/28 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATUR 22c DATE-SIGNED ATTENDING DEGREE DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS Dr. John Geldrich 3019 Philadelphia Road 23a BUR-AL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d TOCATION (City or Town) (County) BALTO. BALT D. FUNERAL DIRECTOR 25b, REGISTRAR'S S. GNATURE .G. CONNELLY 30M REV 1/68 SONS 300 MACE

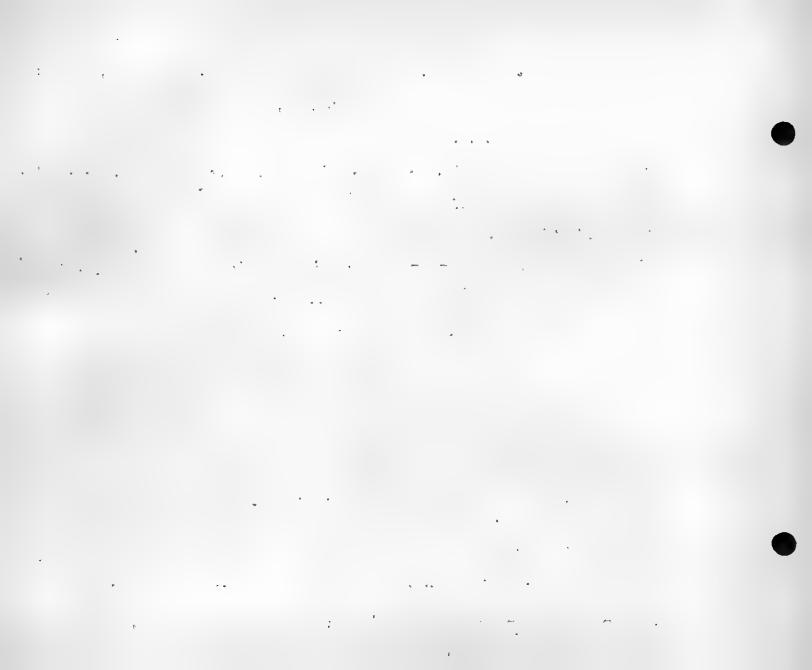


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111		MIEXANDER CERTIFICATE OF DEATH
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24 haurs after death. 24 haurs after death. 25 haurs after death.	3 SE	4 RACE 5. DATE OF BIRTH 6. AGE (In years If UNDER : YEAR IF UNDER : 24 HRS. 1. GOO Lost birthday) Months OAYS Hours Min
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TE SE	ı	causes stated above, (I) (we) (did) (archest) view the body offer death.
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MARYLAND STATE DEPARTMENT OF HEALTH



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health pract to burial, cremation, or removal, and in any event, within 72 hours after death.		18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIA	y ane cause per line far (a), (b) ar BY: TE CAUSE (a)	id (c).)	neumon	ia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH H days
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VR A15 (4) 30M REV. 1/68		FUNERAL DIRECTOR	Sons Co. Balti	PER Roa		AR 2 2 1968 REGISTRAR	S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 20. DATE OF DEATH 2b HOUR (Co.) DECEASED-NAME First death puo Month funeral (Type or print) 050 burial, crematian, or removal, and in any event, within 72 hours after 6. AGE (In years TE HINDER I YEAR last birthday) MORTHS 8-31ale and campletely filled in sex to requires that the death certificate be executed within 24 haurs. 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 70 BIRTHPLACE (State as foreign 8. MARRIED NEVER MARRIED remove carban papers. WIDOWED Z DIVORCED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired) give street address) Bo-14 Garrison 5 Faa 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAJDEN NAME First DUIS Ido WAS DECEASED EVER IN ILS ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) Sa me ONKROW APPROXIMATE INTERVAL IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH burial-transit permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove t rise to immediate couse (a). signed by t DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been Health priar to for use as the 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO X 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M Month Day Year detached for the Dept. of P (If either, notify medical examiner) P.M. director, page 3 should be detache should be filed with the State Dept. 21d INWIRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from 17-25, 1967, to 5-4, 1965, that (1) (two) last caw the deceased alive an 3 3 1965, and that in (my) (aur) aprinian death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the body after death. 22c DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE DIRECTOR 22e. ADDRESS . 22d. PHYSICIAN'S NAME (Type) 1.1000 230 BURIAL CREMATION. 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) ((ounly) (Stote) AA Md. BREMOVAL (Specify) Holy Cross Cemetery Brooklyn 0 4101 Edmondson Avenue Balto., Md. 21229 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) Witzke F. D., 30M REV 1/68



N 1 (///)		MARYLAND STATE DEPARTMENT OF HEALTH O DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	116						
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MARYLAND STATE DEPARTMENT OF HEALTH 00834 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03817 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b HOUR (Type or print) FLVIN JOHN haurs after 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF JINDER 1 YEAR IF UNDER 24 HRS. last birthdoy) HOURS 7-10-10 YRS. 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH USA Mount Wilson, WIDOWED [DIVORCED [Maryland VIRGINIA 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Mt. Wilson State Hospital during most of working life, even if retired.) Mount Wilson INDUSTRY crematian, ar remaval, and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e. STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY HARFORDU odmission) STATE WHITEFORD YES NO 14. FATHER S NAME Middle Inst 15. MOTHER'S MAIDEN NAME First PERRY LAURA RENKER 5 MOUT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Yes, poter unknown) 214-12-2265 Records, Mt. Wilson State Hospital APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY PULMONALE COR IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF PULMONARY ENIPHYSEMA Conditions, if ony, which gove) signed by the burial transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(o) ficate has been s far use as the b f Health priar to b 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO [X] 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. be retained by the has ital Month Doy Year director, page 3 shauld be detached f should be filed with the State Dept. of (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, EARM, STREET, EACTORY,) 21f. LOCATION Street or R F.D. No. City of Town County Stote While Not while of work O FUNERAL DIRECTOR: After 220. I certify that (I) (this hospital) attended the deceased from NOV-30, 1967, to MARCH 9, 1968, that (I) (we) lost sow the deceased alive on MARCH 9, 1968, and that in (my) (our) apinion death occurred on the date and hour and from the couses stoted obove, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** MED. DIRECTOR \boxtimes Mar. 10, 1968 DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN S William Newcomer, M.D. Mount Wilson, Maryland NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23o. BUR AL, CREMATION, 23b. DATE (County) BUT Ial Aldino . Harford . Md . Mar. 13.1968 Harford Mem. Gdns. ADDRESS 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Miliarles Delta, Penna. 30M REV.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03835 CERTIFICATE OF DEATH 03818 2b. HOUR P Middle DECEASED NAME First Lost 20. DATE OF DEATH requires that the death certificate be executed within 24 haurs after death (Type or print) CARROLL SNYDER MARCH IF JNDER I YEAR 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years lost birthday) DAYS HÖURS MALE WHITE MAY 10, 1912 YRS. burial-transit permit. Then please remave carban papers. Par burial, crematian, or removal, and in any event, within 72 haurs 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED A NEVER MARRIED 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign campletely filled in country) MARYLAND U.S.A. DIVORCED [BALTIMORE WIDOWED I 11. NAME OF HOSPITAL OR INSTITUTION (If not in hosp to 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH BENDIX RADIO give street oddress) during most of working life, even if retired.) TOWSON 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 194. INSIDE CITY LIMITS? 13e, STREET AND NUMBER odmission) STATE MARYLAND 13b. COUNTY Balto. NO X 5944 CLAYTON AVE. #21206 BALTIMORE 14. FATHER'S NAME Middle Middle lost 15. MOTHER'S MAIDEN NAME First Haru Dauson 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes no, or unknown) (If was give war or dates of service) A. Renina Snyder-5944 Clayton Avenue-21200 213-05-8127 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (t).)
PART I. DEATH WAS CAUSED BY:

ARTICOMEN AT. BETWEEN ONSET AND DEATH ABDOMINAL CARCINOMATOSIS IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) signed by the burial-transit p rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health priar to has been 117. 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO TO TO FUNERAL DIRECTOR: After this certificate 216. ACCIDENT WAS UNDERLYING 216, TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR ATTENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State 21d. INJURY OCCURRED County While Not while ot work causes stated obave. (1) (we) (did) (did not) view the body after death 22c DATE SIGNED 22b. SIGNATURE STAFE **ATTENDING** MARCH 13. 1968 DIRECTOR PHYS 7620 YORK ROAD 22d. PHYSICIAN'S LOPE VILLA, JR., #21204 TOWSON. MD. NAME (Type) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION. REMOVAL (Specify) 2Sb. REGISTRAR & SIGNATURE 24. FUNERAL DIRECTOR Miller Inc-6415 Belair Road-21206 MChangles yes



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1381 20. DATE OF DEATH 1. DECEASED-NAME First Middle Lost (Type or print) ANNA ANNIE SOLOMON 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 2 last birthdoy) signed by the attending physician and completely filled in by the burial-transit permit. Then please remove carban papers. Pages burial, cremation, or removal, and in any event, within 72 hours af APRIL 18,1887 WHITE FEMALE 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 8 MARRIED NEVER MARRIED OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha filled in BALTIMORE TIMORE, MD. WIDOWED KT DIVORCED [NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 125 KIND OF BUSINESS OR 7909 SU INDUSTRY 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d INSIDE CITY LONITS? 13b. COUNTY 3915 EMMART AVENUE Middle 14 FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First Middle Last LEVY RACHEL MORRIS 166 SOCIAL SECURITY NO Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT IRS. RUTH BROWN 1909 SUBET ROAD #21207 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 3 should be detached for use as the with the State Dept. of Health prior to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES [NO 🖂 21g. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If e-ther, natify medical exominer) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State 21d INJURY OCCURRED City or Town County While Mat while of work 22a. I certify that (1) (this haspital) attended the deceased fram 1/2 2/4, 1950, ta 3/24, 1968, that (1) (we) last saw the deceased alive an 3/24/1968, and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c DATE SIGNED 22b. SIGNATURE ATTENDING MED DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NATHAN NEEDLE 6506 PARK HEIGHTS NAME (Type) director, should be 23d LOCATION (City or Town) 235 DATE 23c NAME OF CEMETERY OR CREMATORY (County) (State) 23g. BURIAL, CREMATION 3-26-68 OHEL YAKOV BALTIMORE. MARYLAND 25o. REC'D BY REGISTRAR ADDRESS 2Sb. REGISTRAR'S SIGNATURE PRETTRISON & BROS. INC. ADDRESS REISTERSTOWN ROAD, BALTO. 1968 30M REV, 1/68



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CERTIFICATE OF DEATH	RYLAND 21201
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(Type or print) ALF10 PETER SPINNICCHIO 3 SEX 4 RACE S DATE OF BIRTH	Month Day Year 430 AM
3 SEX 4 RACE S DATE OF BIRTH	6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
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70 BIRTHPLACE (State or foreign 7b, CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF	
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Tes, inc, of office of the condensation of the	State Hospital
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21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. 19 21d INJURY OCCURRED CENTER OF INJURY HOUR A.M. Manth Day Year P.M. 19 21d INJURY OCCURRED CENTER OF INJURY OFFICE BUILDING, ETC. AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City While Not while of work 22a. I certify that (% (this haspital) attended the deceased from 8/12/, 1964, and that in (my) (your) opinion death of causes stated above, (I) (you) (did) (did not) view the body ofter death. 22b. SIGNATURE 22d. Physician's NAME (Type) She rwood E. Wilson, M.D. 23a. BURIA., CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 23d. DATE 23d. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 23d. DATE 23d. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 23d. LOCATION 23d. DATE 23d. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 23d. LOCATION 23d. DATE 23d. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 23d. LOCATION 23d. DATE 23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23d. DATE 23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23d. DATE 23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23d. DATE 23d. DATE 23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23d. DATE 23d. DATE 23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23d. DATE 23d. DATE 23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23d. DATE 23d. DATE 23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23d. DATE 23d. DATE 23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23d. DATE 23d. DATE 23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23d. DATE 23	ar Town County State STAFF PHYS 22c DATE SIGNED STAFF PHYS 22c DATE SIGNED COUNTY COUNTY STATE COUNTY STATE COUNTY (State)
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MAKILAND STATE DEPARTMENT OF HEALTH



MAKTLAND STATE DEPAKTMENT OF REALIN DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME Middle 2g DATE OF DEATH First 2b. HOUR Last ond 2 death. MILLIAM JOSEPH SPROLE (Type or print) MARCH 1200NO 6 AGE (In years last birthday) signed by the ottending physician and completely filled in <u>by the fur</u> burial-transit permit. Then please remove corbon papers. Pages 1 burial, cremation, or removal, and in ony event, within 72 hours ofter 4. RACE 11/25/OL IF UNDER 24 HRS 3. SEX IF UNDER 1 YEAR MALE WHITE requires that the deoth certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED COWARYLAND BALTIMORE COUNTY. U.S.A. WIDOWED [DIVORCED T 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR giver production HOSPITAL during most of working life, even if retired) SHIPPING FORT HOWARD 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before | 13c. CITY OR TOWN 13d INSIDE CITY LIM TS? 13e. STREET AND NUMBER admission) STATE MARYLAND 13b. COUNTY 2104 E. Lombard Street BALT IMORE YES NO 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First Middle First Costello Sprole Anna Harry 16b. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes no or unknown) 011 18 49 86 CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY HEMORRHAGE LEFT MIDDLE CEREBRAL ARTERY BETWEEN ONSET AND DEATH , IMMEDIATE CAUSE (a) . DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (a). Page 4 mmy bm retained by the haspital or attending physicion.

O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, crei DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CARCINOMA COLON, SIGMOID 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do AUTOPSY? CAUSES OF DEATH? YES 🖂 NO DOC 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 215 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH
(If either, not.fy medical examiner) HOUR A.M. Month Day Year P.M. 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f, LOCATION Street of R.F.D. No 21d INJURY OCCURRED City or Town State County While Not while at work 22a. 1 certify that (1) (this haspital) attended the deceased from 1/30/68, 19, to3/18/68 saw the deceased alive an 3/18/68 and that in 100) (aur) opinion death occurred to _, that (f) (we) last saw the deceased alive an 3/10/00 19 , and that in 1940) (aur) opinion death accurred an the date and haur and fram the causes stated above, (*) (we) (did) (10/10) view the bady after death. 22c DATE SIGNED 3/18/68 22b. SIGNATURE **ATTENDING** MED. DIRECTOR DEGREE 22e. ADDRESS GEORGE C. MC/ELFATRICK, M. VAH FORT HOWARD, MARYLAND 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, 23b DATE 23d LOCATION (City or Town) (County) MATIONAL BALTIMORE, MARYLAND Mar=21-1968 BALTIMORE ADDRESS John J. Duda VR A15 (4) DUDA FUNERAL HOME 30M REV 1/68

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V 1 ~	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2.4						
HEALTH DEPT.		DECEASED-NAME FOR FF / FONDED STAN LOST /2 DATE KNOWN MIND DO OF ESTI-	- 1-2-012						
delay is and 3 ta 3. Page riment af	3 5	SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF JINDER 24 HRS 20. DATE PRONOUNCED DEAD AND F INCHES OF BIRTH MAJED A	2d. HOUR						
À Cia Tag		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARR ED 7 COUNTY OF DEATH	1968 2 M						
COUNTRY) MARYLAMS U.SA WIDOWED DIVORCED DIVORCED DALTON OKE									
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rs after 18. Gir e along 2 w.th death.		USUAL RESIDENCE (Where decesed lived, if institution, Residence before 13c CITY OR TOWN odmission) STATE 13b COUNTY BALTO BALTO YES NO X 2913 Andoro	a Fourt.						
24 hours after death in Item 18. Give Pages ar's Office along with fares I and 2 with the State irs after death.	14. 1	FATHER'S NAME STATE MIDDLE MIDDLE STATE OF STANDER SMAIDEN MANDE FIRST MIDDLE SILL STANDER SMAIDEN MANDE FIRST MIDDLE SILL STANDER SMAIDEN MANDE SMAID	Last						
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xecuted wit ding" in pe Aedical Exar permit file t within 72		18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruftured and another cause of the country of the coun	APPROX MATE INTERNAL BETWEEN ONSET AND CEATH						
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MINER: This the certificate, 4 shauld be for if files. e 3 should be to motion, ar rer	MEDICAL CER	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR AM LONG CONTRIBUTING HOUR AM 19 210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR AM 19	1B)						
(AMINER: te the certi je 4 shaulo your files. age 3 shou crematian,	MED	21d NURY OCCURRED 21e PLACE OF th. JRY (At home form, treet, 21f LOCATION Street or R.F.D. No City or Jewin	County State						
XA yau yau cre		AT HORE AT WORK							
CAL exec or. P d for TOR:		22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection Inquiry , death resulted from Watsyal causes , Accident Suicide , Hamicide Ungetermined manner	and in my opinian						
please er l director retained L DIRECTO		CHIEF MEDICAL EXAMINER	, ,						
A A A A A A A A A A A A A A A A A A A		SIGNATURE SIGNATURE M.D ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNATURE EXAMINER'S DEPUTY MEDICAL EXAMINER	NEO 1/2/68						
TO DEPUTY necessary, the funera 5 may be 10 FUNERA Health pr	- DO	NAME (Type) F. 1. KHD JK. V ADDRESS (Street, cty, town, or county) 9005 HAPA	RFORD Rd.						
5 = = 2 5 = 1	L	Burial 3/15/68. New Cathedral Cemetery Baltimore, 1	ounty) (State)						
VR ATSME (SI	1	and a Rock and Roller Md 212711	NATURE						
10M REV 1/68	1-0	onard J. Ruck, Inc. Balto. Ma. 21214 DATELIAR 13 1968 fellow	as Judge						



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH -03824 DECEASED-NAME Middle 20 DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) funeral berT S. DATE OF BIRTH 3. SEX 4 RACE 6. AGE (In years IF UNDER 1 YEAR 2F LINDER 24 HRS. last birthday) HOURS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH A 8. MARRIED SEL NEVER MARRIED filled in WIDOWED T DIVORCED 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done event, within 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY during most-of working life, even if retired.) 13e STREET AND NUMBER 13a, USUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c CITY OR TOWN 13d INSIDE CITY LIMITS? admissian) STATE / 13b. COUNTY burial, cremation, ar removal, and in any 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle XXXXX Unknown LAWRENCE 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address (If yes give war or dates of service) Yes, na, ar unknawn) APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line far (e), (b), and (c).) BETWEEN ONSET AND, DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Canditions, if any, which gave rise to immediate cause (a), þ DUE TO, OR AS A CONSEQUENCE_O stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been be detached far use as the State Dept. af Health priar ta 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES T 3/23/68 FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A'M Month Day (If either, not by medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. 21e. PLACE OF INJURY State 21d INJURY OCCURRED City or Town Caunty While Not while at work 22a. I certify that (h) (this hospital) attended the deceased from March 1 saw the deceased alive on 3 26 1962, and that in (my) 61, to Much do _1965, and that in (my) (our) opinion death occurred on the date and have and from the director, page 3 shauld sthould be filed with the causes stoted above, (1) (we) (did net) view the body after death. 22b. SIGNATURE **ATTENDING** DEGREE PHYS DIRECTOR 22e_ADDRESS PHYSICIAN'S POLINESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23b. DATE (County) 23a. BURIAL CREMATION. Howard County, Maryland BURTAT (Specify) 3-30-1968 Meadowridge Cemetery 0 250 REC'O BY REGISTRAR 2Sb. REGISTRAR'S SIGNATIVE 24 FUNERAL DIRECTOR 21229 Howard H. Hubbard, 4107 Wilkens Ave. 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



4 1	MARYLAND STATE DEPARTMENT OF HEALTH The control of					
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- di she	1. DECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b HOUR -	
uneral degr	(Type or print) Frank	Henry Stallmar		March Month 15 Day	19 Xear 1243 M	
5 5	3. SEX	4 RACE	S. DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR F UNDER 24 HRS.	
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PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be hospital ar attending physician. his certificate has been signed by the attending physician and campletely filled in by the funeral stacked far use as the burial-transit permit. Then please remave carban papers Pages I and Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death	IO. CITY OR TOWN OF DEATH	II. NAME OF HOSPITAL OR INS	TITUTION (If not in haspital 12a USU.	AL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR INDUSTRY	
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and and in an	Henry	Stallman	Josephine W		tusi	
ite t	16g WAS DECEASED EVER IN ILS AR	AED FORCES? 1166, SOCIAL SECURITY N		Address		
nt the death certificate b the attending physician tsit permit. Then please matian, ar remaval, and i	Yes, no, or unknown) (If yes give t	ver or dates of service) 215-09-9735	Marie Langhir	t, dant, above		
may plant	18. CAUSE OF DEATH (Enter or	ly one cause per line for (a), (b) and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
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ite G	at work at wark		1 hum 8 7 hum 10/	28 to 12 140 10	(a & that (1) () 1	
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May may be f	22d. PHYSICIAN'S NAME (Type)	LIAM GODDM.	4m, My 1334 Sul	PHUR SPRIN	a Kosii	
FO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-trar should be filed with the State Dept. of Health priar ta burial, cre	230 BURIAL, CREMATION, 23b		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)	
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VR A15 [4]	or Elizabet Superton	mek Funeral Home		Y REGISTRAR 25b REGISTRAR S S	SIGNATURE	
30M REV. 1/68	3331	Brehms Lane 21213	DATE MA	R 1 9 1968 Killia	rea Judge :	

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	N .	MARYLAND STATE DEPARTMENT OF HEALTH	
19		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		CERTIFICATE OF DEATH	76
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funeral er deat	L	THOMAS FRANCIS STEVENSUR, 3 17	68 7 PM
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law requires that the death certificate be executed within 24 nding physician. been signed by the attending physician and completely filled to burial-transit permit. Then please remave carbon papersor to burial, crematian, or removal, and in any event, within 77.		USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIM IS? 13e, STREET AND NUMBER (ISSION) STATE M d 13b COUNTY Balto Towson YES NO 801 Hiller	Rd 21204
and comp remave in any eve		FATHER'S NAME First Middle Lost Coc 15. MOTHER'S MAIDEN NAME First Middle	Lost
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equires t physicia signed k burial-tr burial, cr	П	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
w re ing sen the	l _×	<i>Y</i>	
s be s be as t	CERTIFICATION	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDER	RED IN CERTIFYING
The raff	RTIFE	AFZ NO	
AN: al al icate far l		210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1: or contributing Cause of Death HOUR A.M. Month Doy Year	8.]
SICI spit sertif t. af	MEDICAL	(If either, notify medical examiner) P.M. 19	inty Stote
OR ATTENDING PHYSICIAN: The be retained by the haspital ar after SIRECTOR: After this certificate has a 3 shaufd be detached for use a ed with the State Dept. af Health pr		21d. INJURY OCCURRED While Not while at work 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) 21f. LOCATION Street or R.F.D. No. City or Town Countries of the control of t	nay siole
NG Ny th ter t tate date	П	22a. I certify that (i) (this haspital) attended the deceased from 3/1/1, 19/54, to 3/1/1, 19/54	that (I) (we) last
ed be fid b		saw the deceased alive an 3//7 1965, and that in (my) (aur) apinian death accorred an the date an	id haur and from the
Togin togin the title to the title t	П	causes stated abave, (1) (we) (did) (did not) view the bady after death. 226. SIGNATURE 22c. DATE S	IGNED
OR O		1) - Roch A Bruce MBLIBOEGREE PHYS DIRECTOR DIRECTOR PHYS. X 3/	18/18
AL C	1	22d, PHYSICIAN S 22e, ADDRESS	
Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior ta		NAME (Type) DEKEK A. BRUCE G. B. M.C.	
HO: Ige / FUN Frect	230	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR (REMATORY REMOVAL ISpecify) 23d. LOCATION (City or Town) (Cou	unty) (Stote)
5 5 5 2 V		wriat 3/20168 Mulancy Valley Memorial Executione, Mary	land
VR A15 (4) 30M REV. 1768	24.	John A. Moran Inc. 3000 E. Baltimane St. MAR 2 1 1968	



_	1	MARTLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
		CERTIFICATE OF DEATH
rral nd 2		CEASED NAME 20. DATE OF DEATH 20. DAY YEAR OF DEATH 20. HOUR
er death funeral funeral chart	L'	(naries - 1, 2)/17/(e); ///arch -30. / 1682:00 FM
p 27	3 S	X 4 RACE S DATE OF BIRTH 6 AGE (In years IT UNDER 1 YEAR 1 SELECTED HOURS AND HOURS MIN.
the safe	_	110/9. White Dec. 26. / XXX / YRS.
by by	70	SIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
illed-va popers.	12	eck/evsvillend. U.J.A. WIDOWED DIVORCED Baltimore Co., Md.
filled-sp popers.	10	TY OR TOWN OF, DEATH 11 WAME OF HOSPITAL OR INSTITUTION (find in hospital during most of working life, even if retired) 12 KIND OF BUSINESS OR during most of working life, even if retired) 13 WAME OF HOSPITAL OR INSTITUTION (find in hospital during most of working life, even if retired) 14 MAME OF HOSPITAL OR INSTITUTION (find in hospital during most of working life, even if retired)
tim Age 3	1	ree and. Well ree com Rd. For eman. Canning
e executed with and completely remave carba n any event, w	130 odm	USUAL RESIDENCE (Where deceased lived if institution Residence before 13c CTY OR TOWN 136. INS. DE CITY LIM 152 13e STREET AND NUMBER
com gve y ev	느	Mid. 153/11more Preciand " Weurreedom/d.
and rem	14.	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
se se idir		Vehn W. Stittler Voann & Sull
e death certificate b attending physician sermit. Then please an, ar remaval, and i	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SETURITY NO 17 INFORMANT DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SETURITY NO 17 INFORMANT DECEASED EVER IN U.S. ARMED FORCES?
Phy en ava	⊨	10 1 10 10 10 10 2 1 1 1 1 1 1 1 1 1 1 1
		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:
end ent	1	, IMMEDIATE CAUSE (0)
per off		4/0, 9 DUE TO, OR AS A CONSEQUÊNCE OF
at the the sit is matification		Conditions, If any, which gave rise to immediate cause (a), (b)
transfer the	Н	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
equires tha physician. signed by burial-tran.		Lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours after death be retained by the haspital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician and completely filted-up by the funeral et 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pagest and 3 ed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, withher to hours after about		LAKE 5 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH AND MOT RETAILED IN THE SERWINAL DISEASE OF CONDITION GIAEN IN LAKE 1(0)
dw Idin Peer The	S.	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
ne Internitien	CERTIFICATION	YES NO CAUSES OF DEATH?
or of the house	GR	210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.)
for file	₹	OR CONTRIBUTING CAUSE OF CEATH HOUR A.M Month Day Year
YSIC ospi cert hed hed	MEDICAL	21d. INJURY OCCURRED 21a, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. City of Town County State
PH' le h his etac Dep		While Nat while at work OFFICE BUILDING, ETC.
N T T T T T T T T T T T T T T T T T T T		22a. I certify that (I) (this haspital) attended the deceased from School 10, 1954, to May 30, 1966, that (I) (we) last
N A P P P P P P P P P P P P P P P P P P	L	saw the deceased olive on Mar. 28, 1968, and that in (my) (our) apinion death occurred on the date and hour and from the
H P S S S S S S S S S S S S S S S S S S	L	causes stated abave, (I) (we) (did) (did not) view the bady after death. 225. SIGNATURE: 226. DATE SIGNED
REC 3 s		A STAFF WED. STAFF WED. STAFF WED.
	П	22d PHYSICIAN'S 22e. ADDRESS 22e. ADDRESS
PITA mg :RAI	L	NAME(Type) Dr. Kielard Rebinson New Freedem Pa
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed vege 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 should be detached for use as the burial-transit permit. Then please remove carleshould be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event,	230	
0000 = 4	1	BURIAL (REMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. 10CATION (Gity or Town) (County) (Store) REMOVAL (Specify) April 3. 1966 S.T. Apraham's Cem. 7 ampstead Balta. M.L.
11/1		ADDRESS ADDRESS PEGISTRAR SIGNATURE
30M REV - 68	X	sicol- Hartenslein, Hew Freedom Copare APR 4_ 1968 Gliantes Judge
/	1	



TO HOSPITAL OR moy be retaine TO FUNERAL DIS

VR A15 (4) 1SM 9/S9

03845

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13	1 PLACE OF DEATH 0. COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)
	DAMIMORIE MARYLAND	a STATE 6 COUNTY
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d NAME OF HOSPITAL (If not in haspital, give street address)	d STREET ADDRESS e. IS RESIDENCE
	OR INSTITUT ON	ON A FARM?
1	ARMAGOST NURSING MOHE	COPIC FINEHURST /D-12 YES NOD
1	3. NAME OF DECEASED (Type or print) OSEPH Middle	Lasi 4. DATE Month Day Year OF DEATH MARCH 31 1968
. /	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
7	MALE WHITE WIDOWED DIVORCED	JEP1. 25, 1889 lost birthday) Months Days Hours Min.
	10o. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	DENIST	DALTO, MD USA.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	DERNARD DYINE BERT	ELLA HOSES
	15 WAS DECEASED EVER IN J. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 II	NFORMANT Address
	NO - 2.17-38-2205	A. EDW. R STINEBERT D.DS -
	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	305 TUNBRIDGE AD INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CENTERVOVON >	culas lice deset
	4/3/ DUE TO	- Angularia Aug
	Conditions if any which)	1.1401
	gave rise to immediate	- Jan 1
	Lying Saute Levi	U
	, 10)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
	4221	PERFORMED? YES NO
2	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port t or Parl II of item 18.)
	3 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e Pt	ACE OF INJURY (Home, farm, 120f (City or town) (County) (State)
	Haur a. m. While Not while of wark of wark	ctory, street, affice bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased fram.	1-15 1966, to 3-36 , 1968, that (1) (we) last
	saw the deceased alive an 3-31 1968, and that	death accurred at AMM, from the causes and on the date stated above
	22a SIGNATUIT	22b DATE
	Mant & / Culm	M.D PHYS DIRECTOR PHYS
	22c PHYSIC, AN'S NAME (Face)	22d. ADDRESS 7 JUITES
	X POSNIC OT. ICUE IAN	MED ARTS BLDG 721 BALTO 170
1	23a. BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY C	OR CREMATORY 23d LOCATION (City, town, or county) (State)
1	Burial 4/1/68 Holy Rede	eemer Cem. Balto.
K	2 Mitchell-Wiedefeld Home ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
X	6500 York Road-2121	DATE APR 5 1968 HUMANUS JULIAN



, 1	· -	I W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
'		RTIFICATE OF DEATH	03829
		Lost 2a. DATE OF DEATH	2b. HOURA
	DECEASED NAME First Middle May LILLIAN MAE	STITCHER MARCH Month 17. 196	8 Year 4:50 M
3	S SEX 4. RACE		JHOER 1 YEAR IF LINDER 24 HRS.
L	FEMALE WHITE	DECEMBER 20, 1892 lost birthdoy) YRS. MG	MTHS DAYS HOURS MIN
		MARRIED NEVER MARRIED XX 9. COUNTY OF DEATH	
- 1	"BALTIMORE, MD. U.S.A. W	/IDOWED DIVORCED BALTIMORE	Md.
116	O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUT Give street address ST. JOSEP	ITION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done dumps most at working life even if retired.) HOUSEKEEPER MI	12b KIND OF BUSINESS OR INDUSTRY S. Weaver
13	30. USUAL RESIDENCE (Where deceased lived, if institution: Residence before	CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
=	MARYLAND B. 4. FATHER'S NAME First Middle Last	ALTIMORE YES SKI NO 4222 LOCH RAVE	
7	William P. Stitcher	Mandella Parrish	Lost
Ī	16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (If yes give wor or dotes of service)	17. INFORMANT 502 N. Linwood Averege	
L	212-05-8790A	Milton P.Stitcher, brother	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CARDIOGENIC SI	HOCK	
	DUE TO, OR AS A CONSEQUENCE OF		
	Tise to immediate couse (a).	RT FAILURE w/BILATERAL PLEURAL EFFU	SION
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF		
		C CARDIOVASCULAR DISEASE -OLD M.I.	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d)	
	196. CONDITION FOR WHICH OPERATION WAS PERFOR	RMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS COM	SIDERED IN CERTIFYING
2	196. CONDITION FOR WHICH OPERATION WAS PERFOR	YES NO CAUSES OF DEATH?	
1	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Iter	n 18.)
1	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year If either, natify medical examiner) P.M. 19		
4450	While Mat while OFFICE BUILDING, ETC.) 21f. LOCATION Street or R.F.D. No City or Town	County State
	IGI WOLK OT WOLK —	ram MARCH 16 1968 to MARCH 17 19 6	oo , that (# (we) last
	saw the deceased alive an MARCH 1719_6	ram_MARCH16, 19.68, ta_MARCH17, 19_6 68, and that in tay) (aur) apinian death accurred an the date	and havr and from the
	rauses stated above, (we) (did) (did fiel) view the bad	y after death.	
	EZO STEMPRENT WAS ZON MID	ATTENDING — MED — STAFE —	RCH 17. 1968
	224 PHACICIANIC		(CII 17, 1900
	NAME (Type) JAIME SINGZON, M.D.	7620 YORK ROAD TOWSON, MD.	#21204
2	23g BURIAL, CREMAT ON, 23b. DATE 23c. NAME OF CEM	ETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)
- 6		Cemetery Baltimore, Md	• -6
2	24. FUNERAL DIRECTOR Schimunek Funeral Home, ADDRESS 2601 F. MadisonSt.	DMAR 19 1968 256 RECUSERAR SAL	SNATURES



1/	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1	CERTIFICATE OF DEATH 93830
£ 1	1 DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR
deo de	(Type or print) VELMA K. STOREY Manth 3 Day 2 Year 68 5 A M
ē \$~ ē	3 SEX 4. RACE 3 S. DATE OF BIRTH 6. AGE (in years I FUNDER 24 HRS.
s aft the age	10 1/ 2 - 10 last birthday) YRS. MONTHS DAYS HOURS MIN.
10 A 70	7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
4 - E	Maryland IISA WIDOWED DIVORCED Sultimone Md
E E	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of wark dane during most of warking life, even if retired) 12b. KIND OF BUSINESS OR INDUSTRY
e executed with ond completely remove carbon n ony event, wit	Catonsville Shangri La Nursing Home Housewife
ted pple vent	13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE 13b COUNTY 13c COU
con con y e yr	Maryland Balto, Halethorpe 1000 woodside Ave. 2122/
ond rem	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Elizabeth Krineckie
te b ian iose ind i	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
e death cerificate b ottending physician permit. Then pleose on, or removal, and i	Yes, no, prunknown) (If yes give wor or dottes of service) John W. Storey, 1806 Woodside Ave. 21227
certi g ph Then nov	APPROXIMATE INTERVAL
r rer	PART I. DEATH WAS CAUSE BY: MMEDIATE CAUSE (a) Retro per to near (spo sare com a unit)
der offer of, o	
the chit particular	(anditions, if any, which gave)
thot in. by t ons rem	rise to immediate cause (a), (b) OUE TO, OR AS A CONSEQUENCE OF
quires that the physician. signed by the burial-transit burial, crema	last. (c)
equires that the death certificate be executed with physician. signed by the ottending physician and completely burial-transit permit. Then please remove carbon burial, cremation, or removal, and in any event, with	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
low rending been s the iar to	8 Para plegia - Univery Tupection - Avenue
PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death e hospital or attending physician. The certificate has been signed by the ottending physician and completely filled in by the funeral stacked for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 Dept. of Health prior to burial, cremation, or removal, and in any event, within 22 hours after each	190. DATE OF OPERATION 496. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPS 7 200. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The Table Property of the Prop	TE NO L
YSICIAN: ospital or certificate hed for u	I OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year
Spit Spit Spit Sertii Ted	
JING PHYSICIA by the hospitol filer this certific be detoched fo Stote Dept. of H	21d. INJURY OCCURRED While Not white at wark at wark at wark
က်≑ _ မွာ်ခ	22a certify that (1) (this hashital) attended the deceased from 1 - 3 - 1967, to 7 - 21 - 1968 that (1) (1) (1) lost
	22a. I certify that (1) (this hospital) attended the deceased from 1 - 2 - , 19 6 7 , ta 3 - 2 1 - , 19 6 8 , that (1) (we) lost saw the deceased alive on 3 - 2 1 - 19 6 2 , and that in (my) (our) opinion deoth occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after deoth.
TOR Gine hould the the	
OR ATTENI be retained DIRECTOR: A se 3 should	226. SIGNATURE 226. SIGNATURE CLUB COLUMN DEGREE PHYS DIRECTOR DIRECTOR DIRECTOR PHYS 3 - 21 - 68
TAL Only be AL DIF	220 ADDRESS
ERAI De PITA	NAME(Type) LESAR VALLE CAVERO 2629 Liberty Rd
Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the	23g BURIA, CREMATION. 23b, DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
0 5 g &	REMOVAL (Specify) Burial 3/25/68 Meadowridge Memorial Pk. Baltimore Md.
VR A15 (4	24. FUNERAL DIRECTOR HOWARD H. Hubbard, 4107 Wilkens Ave. 21229 250 REGISTRAR'S SIGNATURE.
30M REV. 1/68	Howard H. Hubbard, 4107 Wirkens Ave. 21229

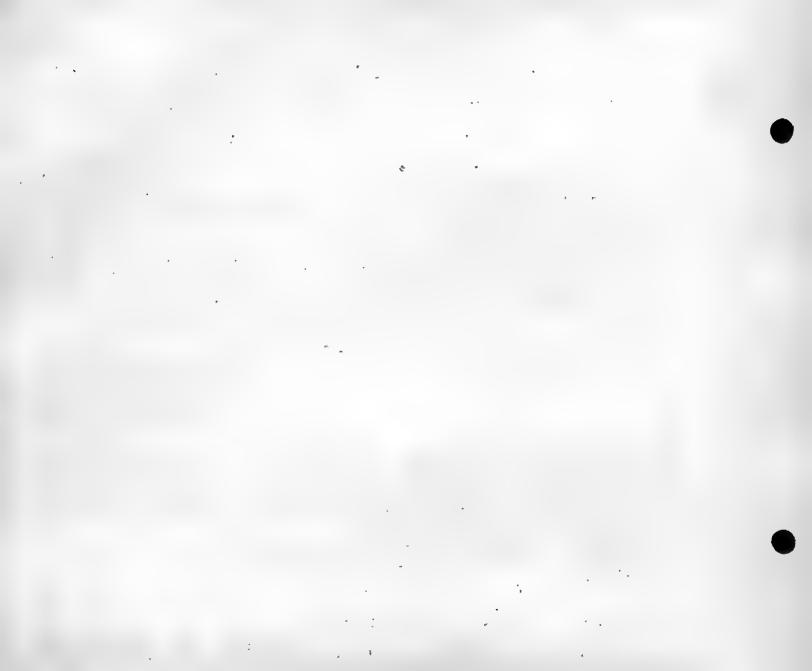
MAKILAND STATE DEPARTMENT OF HEALTH



	. 11	MARYLAND STATE DEPARTMENT OF HEALTH
1/1	Л	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
The state of the s	Æ.	CERTIFICATE OF DEATH
PE NE	1	DECEASED-NAME First Middle Lost 20 DATE OF DEATH 25 HOUR
r deoth.		(Type or pinit) Ella E. Strohmen March 5. 1968 Year 12:36
fun fer d	3.	SEX 4. RACE S. DATE OF BIRTH 6 AGE (IT YEARS IF UNDER 124 HRS
24 hours after death gare by the funeral mers. bages 1 and Thous after death	L	Female White Jan. 8, 1876 92 YRS. MONTHS DAYS HOURS MIN
Thou hour		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
in 24 h		U. S. A. WIDOWED X DIVORCED Baltimore County, Md
	, \ 10	(atonsville Shangri-La-333HarlenLa. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired) INDUSTRY
d with letely orban	13	atonsville Shangri-La-333Harlenla Housewife USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d MISIDE CITY (MM157) 13e STREET AND NUMBER
AN: The law requires that the death certificate be executed with of an attending physician. It is not been signed by the ottending physician and completely for use as the burial-transit permit. Then please remove corban Health priar to burial, cremation, or removal, and in any event, with	/ Od	THISSIAN) STATE ALL 13b. COUNTY
T CO III CO III N	/ 17	FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle Lost Lost
be ex ond rem in an	П	Adolph Droescher Lena ?
icate to sician pleose I, and i	1	g. WAS DECEASED EVER IN U.S. ARMED FORCES? LIGHT SECURITY NO 117 INFORMANT Address
hysi al,		Yes, na, ar unknawn) (If you give wor or dotes of service) Mr Arthur F. Strohmer 2127 Old Fred. R
he deoth certific ottending phys permit. Then pion, or removal,		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH
eth indire		PART I. DEATH WAS CAUSED BY
ne deoth ottendii permit.		DUE TO, OR AS A CONSEQUENCE OF
the or stip or stip or stip	1	Conditions, if any, which gave)
that than the an. by the ronsit percemation	1	dise to immed ate cause (a) (stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
quires that t physician. signed by the burial-transit	1	last. (c)
equires 1 physicia signed I burial-tr burial, c	1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)
w rec ding p een s the b rrto b	١,	30/Manena age
law re nding been s the iar to	18	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
r The lo r offen e hos b use as	Moltablanda	YES NO CAUSES OF DEATH?
N. or or or use eaff		
YSICIAN: ospitol or certificate hed for u	LEGISTA TO	or contributing Cause of Death Hour A.M. Month Day Year (If either, notify medical examiner) P.M. 19
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 moy be retoined by the hospitol or ottending physician. S FUNERAL DIRECTOR: After this certificate hos been signed by director, page 3 should be detoched for use as the burial-transhould be filed with the State Dept. of Health priar to burial, cre	13	21d INJURY OCCURRED (21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while
the Paris of the P	н	of work — of work —
Stories Stories	н	22a. I certify that (t) (this hospital) attended the deceased from 1/8/1660, 19, to 3/4/68, 19, that (I) (we) last sow the deceased glive an 19, and that in (my) (our) apinion death occurred on the date and hour and from the
ATTENDIN stoined by CTOR: After should be ith the Sto	н	sow the deceased alive on 3/5/08 19 , and that in (my) (our) apinion death occurred on the date and hour and fram the causes stated abave, (1) (we (did) (above)) view the body after death.
State of the state	н	22b. SIGNATURE 2
OR ATTEND DIRECTOR: A Be should ge 3 should ed with the	н	DEGREE PHYS. DIRECTOR
AL D	1	22d. PHYSICIAN'S 22e ADDRESS
ERA Dr. F	Н	NAME (Type) Cliff Ratliff, Jr., M.D. 4605 Edmondson Ave., Baltimore, Md. 21229
Poge 4 moy be retoined by the hor FUNERAL DIRECTOR: After this director, poge 3 should be detoo should be filed with the Stote Der	23	BURIA., CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
5 5 5 5 € 5 € 5 € 5 € 5 € 5 € 5 € 5 € 5	L	REMOVE Barelal 8/7/68 Loudon Park Cemetery Baltimore Maryland
VR A15 (4)	3 4	FUNERAL DIRECTOR ADDRESS 250. REGISTRAR 18656. REGISTRAR 18656. REGISTRAR 18656. REGISTRAR 18656.
30M REV. 1/6@C	9 -	terling Funeral Estate-736 Edmondson Ave. DATE MAR 8 BOS J



					STATE DEPARTME			_	
1_1		22.86	DIVISION OF VITA	-	01 W. PRESTON STRE	-	E, MARYLAND 2120		
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as brid	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OP	EKATION WAS PEKE			20b. IF YES, WERE FINDIN	IGS CONSIDERED IN C	.EKTIFYING
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JING PHYSIC by the haspii ffer this certi be detached State Dept. at		While Not while	PLACE OF INJURY OFF CE	BURDING, ETC.	21f. LOCATION Street	ar K.F.D No.	City or Town	County	21016
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TEN in ecolor		causes stated obov	, (I) (we) (did) (did r	ot) view the bo	idy after death.	, (00., 0		0 0010 0110 11001	
OR ATTENU OR ATTENU DIRECTOR: A PIR 3 should ed with the		22b. SIGNATURI	HH/		ATTENDING	□ MED	CT STAFF CT	22c. DATE SIGNED	1 2
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law rate Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the stabould be filed with the State Dept. of Health priar to		0.0		ON	MD. 101			-KD,	
O HOS O FUN	230	BURIAL, CREMATION, 23b. REMOVAL (Specify)	2/. // 0		METERY OR CREMATORY		LOCATION (City or Town)	(County)	(State)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 312 851 **CERTIFICATE OF DEATH** DECEASED NAME First Middle Last 20. DATE OF CEATH 26 HOUR (Type or print) March Month 15 00y 1968 or A N LEROY SULLIVAN ANTHONY 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER + YEAR SE UNDER 24 HRS last bythday) DAYS HOTIRS White March 17. Male 1929 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIEO X NEVER MARRIED 24.hour country) Maryland U.S.A. Baltimore WIDOWED [DIVORCED | 36. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street address) Ve terans during most of working life, even if retired) County Administration Fort Howard 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN cremation, or removal, and in ony event, 134 NSIDE CITY LIM TS? 13e STREET AND NUMBER Maryland 13b. COUNTY Baltimore YES T NO X 8051 Gray Haven Road-21222 Dundalk 14. FATHER'S NAME M. ddle Last 1S. MOTHER'S MAIDEN NAME First Middle Last Sullivan V. Meade Anthony н. Sarah 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no eguaknown) 218 22 44 06 Clinical Rcds, VA Hospital, Fort Howard, Md. APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN DINSET AND DEATH PART I. DEATH WAS CAUSED BY PULMONARY CONGESTION AND EDEMA Recent IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions if any, which gave) ADENOCARCINOMA OF COLON WITH METASTASIS TO buriol-tronsit rise to immediate cause (a). LYMPH NODES, HEART, PERICARDIUM DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse. signed | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use os the t Health prior to b ADENOMA THYROID hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES [XI NO 🗍 Poge 4 moy be retained by the hospital ar D FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216, TIME OF INJURY TO DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. City or Town County State While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from March 10, 19, 68, ta March 15, 19, 68, that (0) (we) last saw the deceased alive an March 15 and that in (my) (our) opinion death accurred on the date and hour and from the director, page 3 shauld should be filed with the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b, SIGNATURE MED. DIRECTOR STAFF PHYS. 3/15/68 DEGREE PHYS 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) J. D. TALBERT. VA Hospital, Fort Howard, Maryland M.D. 23b DATE, 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 23a BUR AL CREMATION, 3/18/68 REMOVAL Sometry) Gardens of Faith Cemetery Baltimore Baltimore Md. 2Sb. REGISTRAR'S SIGNATURE 25a, REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Wise Ave. VR A15 (4) 30M REV 1/68 TOTAL T DITO A CONTROL OF HOME



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cate	sicia olea , an		16a Y	WAS DECEASED EVER IN U.S. ARA es, no or unknown) (If yes give w	NED FORCES? Per or dotes of service)	16b SOCIAL SECURITY I			Addres	55	
ŧ	physician and then please removal, and in an			No		216-10-808	39A Mrs Ac	ia M Swann	Same		
e				18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	y one couse per la	ne far (a), (b), and (c).		-		APPRO BETWEEN	XIMATE INTERVAL ONSET AND DEATH
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J.	Item 23h Film G399 MARYLAND STATE DEPARTMENT OF HEALTH		
1	1 tem 23b Film G3 bivision of vital record 301 W. Preston street, Baltimore, Maryland 21201 4/9/68 kk CERTIFICATE OF DEATH	4. Y ₁	134,
ŀ	DECEASED-NAME First Middle Lost 20. DATE OF DEATH	-	2b. HOUR
ı	(Type or pnnt) EMIL - SWISTAK Month	Pay Years 1	:30P M
3	S DATE OF BIRTH 6. AGE (In years 12/9/21 light birthdoy) VR:	MONTHS DAYS H	UNDER 24 HRS OURS MIN.
	76. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARR.ED 9. COUNTY OF DEATH WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED	NTY,	Md.
7	O CITY OR TOWN OF DEATH FORT HOWARD II NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired. WET ADM. HOSPITAL	12b. KIND OF BUSINDUSTRY COPPER &	
10	30. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before demission) STATE MARYLAND 13b. COUNTY . 13d DISIDE CITY LIMITS? 13d DISIDE CITY LIMITS? 13e. STREET AND NUMBER 2621 Fait.		
Ī	14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle		Lost
ŀ	STEPHEN SWISTAK MARY 160. WAS DECEASED EVER IN U. S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Address	BERC IK	
ľ	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes Yes Yunknown) (If yes que your or dates of service) O58 11 97 93 CLIN.RECORDS, VA HOSPITAL, F		100
F	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROX.MATE BETWEEN ONSET	INTERVA.
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ı	DUE TO, OR AS A CONSQUENCE OF Conditions, if any which gove) DIABETES MELLITUS		
ı	rise to immediate cause (a), (b)		
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ı	CARCINOMA OF PHARYNX		
١	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO X CAUSES OF DEATH? 1710. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 1216. HOW INJURY OF CHEEP OF THE PROPERTY PORT LOS PORT		IFYING
		2, Item 18.)	
	Growth Butting cause of Death HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19 21d INJURY OCCURRED While Not while of work 19 While Not work 19 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY, OFFICE BUILDING, ETC. 19) OFFICE BUILDING, ETC. 19	County	State
۱	22a I certify that (b) (this haspital) ottended the deceased from 12/11/6/ , 19 , to 3/27/68 , 1 saw the deceased alive an 3/27/68 19 , and that in the control approximation of the control and the control approximation of the control and the control approximation of the contro	19, that (2	(we) las
ı	saw the deceased alive an 3/27/68 19 , and that in the courses stated above, (it (we) (did) (did agt) view the body after death.	dote and hour an	d from the
ı	22b SIGNATURE 22	2c DATE SIGNED	
ı	DEGREE PHYS DIRECTOR PHYS. D	3/27/68	
ı	22d PHYSICIAN'S NAME (Type) GRACITO V. PATRICIO, M.D. 22e. ADDRESS VAH FORT HOWARD, MARYLA	AND	
	230 BJRIAL (REMATION, REMOVAL (Specify) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) CALVERY CEMETERY, QUEENS, NY LONG ISLAN	,	(Stote)
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ecuted in Ing in edical Exermit. Freermit.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	ny one cause per line far (a) (b), a	nd (d)	ular (De-0 -	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
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vard vard ne Ch ad-tra		rise to immediate cause (a), stating the underlying cause	DUE TO, DR AS A CONSEQUE	NCE OF					
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please exe please exe director. F eratained fo DIRECTOR		death resulted fram:	Natural causes 🔼 , Ac	cident [], Su	icide 🔲, Homicid		er		
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△ 5 0 E ⊑ 5		NAME (Type) Jam	es Nitre	devic	ADDRESS(Street,	city, town, or county)	C1- 2020		
5 = = 0	230	REMOVAL (Speciful		ME OF CEMETERY OR		23d LOCATION (City or Town)	(County) (State)		
C.T.	24	FUNERAL DIRECTOR	arch 21,1968 D.	uff Tildge ADDRESS	Ceme ter y	Pikesville BY REGISTRAR 256 REGISTRA	Cultio., Ma.		
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K I W	I	Tem 210 Filips on of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	3	8/27/68 kk 32850 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3 7 34
HEALTH DEPT.	1 0	DECEASED-NAME First Middle Lost 2g. DATE KNOWN THE Manth	Day Yeor 2b HOUR
lay Is 13 ta Page ent af	,	Type or Print) CHARLES F TESTUDINE OF ESTI- DEATH MATED _ MAR	17 1968422 M
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after of 8. Give olang verth the death.	130	ST.JUSEPH HUSPING Lineman	Telephone Co
d within 24 haurs after death in pencl in Item 18. Give Pages Examiner's Office along with fallie pages Land 2 with the State in 72 haurs after death.	q	USUAL RESIDENCE (Where deceased lived if institution: Residence before dmission) STATE 3b COUNTY 3b COUNTY 3b COUNTY 3c (ITY OR TOWN Baltimore 13c (ITY OR TOWN 13c (ITY OR	Rd
I within 24 haurs in penct in Item 1 Examiner's Office File pages land 2 in 72 haurs after c	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Last
24 F tris (C ris (C ris a		Salvatore C Testudine Margaret H	Miller
within 24 penchin xaminer's iie pages 72 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS	
L with n per Example File	-	Yes 215-bl-062b Salvatore Testudine Same 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)	APPROXIMATE INTERVA.
e = = =		PART I DEATH WAS CAUSE BY IMMEDIATE CAUSE (a) /NHALATION (NOUNC N.A)	BETWEEN ONSET AND DEATH
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se exercitor. Productor. Productor. Productor. Pund for Ector.		death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined monner [
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JTY. Pri Pri Pri Pri Pri Pri Pri Pri Pri Pri		SIGNATURE AND ASSISTANT MEDICAL EXAMINER DEPREY ASSISTANT MEDICAL EXAMINER	5-17-68
TO DEPUTY SICAL EN necessary, please execut the funeral director. Page 5 may be retained for y to FUNERAL DIRECTOR: PHealth prior to burial.		NAME (Type) WILLIAM 17. FILE BOOK OF ADDRESS (Street, DATHON, County)	
07 PF 20 FF	230	REMOVAL (Specify)	(Caunty) (State)
1	24	Burial 3/21/68 Holy Redeemer Baltimere. Md FUMERAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR 256 REG STRAR S. SI	CHATIOL
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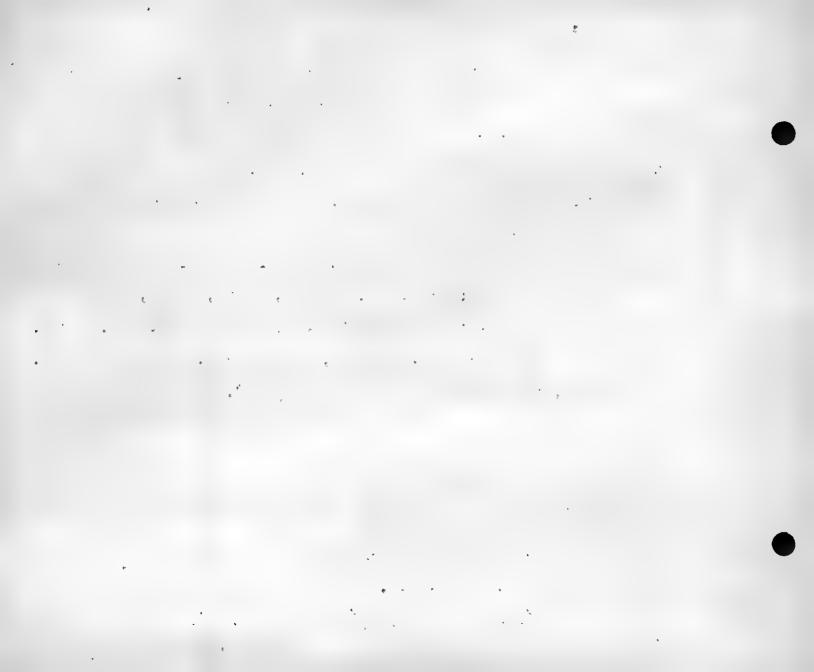
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e ×	and camplet remove cor in any event,	/ 14	FATHER'S NAME First	Middle Lost	15. MOTHER S MAIDEN NAME F	irst Middle) 1/ 1/85	
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3	of the factor of	MEDICAL	G GR CONTRIBUTING CAUSE OF DE (If either, natify medical exam	iner) P.M.	19			
PHYSICIAN	the hospital or this certificate detached for u te Dept. of Heal	1 3	21a. INJURY OCCURRED 21a While Not while	. PLACE OF INJURY (AT HOME, FARM, STREET, I OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCATION Street of R.F.D. No.	. City or Town	County State	
<u>م</u> دی ع	e te ti	-	of work at work		(Conf	11 mul	10	
Ž.	After After d be o		22a. I certify that (I) (the saw the deceased	nis hespital) attended the dated	sed from, 19 _19, and that in (my) (our) opi	pigo dooth accurred an the de		
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TAL	noy be AL DII Poge be filed		22d. PHYSICIAN S NAME (Type)	harles H. Reier	22e. ADDRESS 6701	York Road		
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5	ege Fire Short	23	 BURIAL, CREMATION, 23b. REMOVAL (Specify) 		F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)	
2	2 2 7	3	REMOVAL (Specify) BUTLAR FUNERAL DIRECTOR	3/23/68 Shert	wood Episcopal Churc	1	MOL/	
	VR A15 (4) (30M REV. 1/68	-7	1. W. Tonbins &	Sons Co. 4905 You		PEGISTRAR 1968 Sb. REGISTRA	near Judge	

MAKYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle First Last 2a. DATE OF DEATH 2b HOUR 24 hours after_death (Type or pant) Harry Milton Manth Thompson 968 a . 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years OF UNDER I YEAR TE UNDER 24 MRS male white last birthday) MONTHS | DAYS HOURS April 29, 1916 the attending physicion and completely filled in by sit permit. Then please remove corbon papers. Pration, or removal, and in any event, within 72 hour 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED 🗍 NEVER MARRIED 🔼 country) Md. U.S. Bal timore WIDOWED T DIVORCED TO 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 USUAL OCCUPATION (Kind of work done requires that the death certificate be executed within 12b. KIND OF BUSINESS OR during mast of warking life, even if retired) **INDUSTRY** Catonsville STATE HOSP. 130 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 138 INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY 1824 McHenry Street NO Balto. cremation, or removal, and in any 14 FATHER S NAME Middle IS. MOTHERS MAIDEN NAME First Middle Last Lost Morgan Thompson Jessie Linden 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (If yes give war or dates of service) Yes, ng, or unknown) Records: SPRING GROVE STATE HOSEITAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART L DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a)

Myocardial BETWEEN ONSET AND DEATH Myocardial Infarction, acute, death. I day DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic cardiovascular Ht. Dis signed by the buriol-tronsit p Canditions, if any, which gave nse to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes 5 yrs. Arteriosclerosis. Generalized. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Pneumonia, bronchial, organism undetermined. as the 1 Poge 4 moy be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? of Health p YES | NO TX 216 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d, INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote Where Not while of wark 22a. I certify that (t) (this haspital) attended the deceased from Oct. 18, 1940, to March 2219 68, that (t) (we) lost saw the deceased alive on March 22 19 68, and that in (my) (69f) opinion death occurred an the date and hour and from the March 2219 68 , that x1) (we) lost director, page 3 should should be filed with the causes stated abave, (1) (We) (did not) view the bady ofter death. 22b. SIGNATURE 3-25-68 ATTENDING MED. DIRECTOR DEGREE 22d. PHISTOMN'S 22e. ADDRESS ACECTROMESISIVATION HOSPATIATA NAME (Type) Anthony J Moung, M.D. Baltimore, Maryland 21228 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b DATE/ 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68



- 1 1	MARTLAND STATE DEPARTMENT OF HEALTH							
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
,	CERTIFICATE OF DEATH					32"		
- 2€ A		ECEASED NAME First	Middle	Last	2a. DATE OF DEATH	2ь. HOUR		
and and death	N	(ype or print) Grace	e Gibsor	ı Tilyard	March IV	, 1968 M		
章 李一章	3	X	4. RACE	S DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS		
s offer s of the	Y.	Female	White	November 11	6. AGE (In years last birthday) 90 YRS.	MONTHS DAYS HOURS MIN.		
\$ \$ \$ 100 mg	70	BIRTHPLACE (State or fareign 7)	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9	. COUNTY OF DEATH			
d in Sers 72 t	1001	Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore	Md.		
in 2 Filler hin	10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN give street oddress)	STITUTION (If not in hospital 12a USUAL	OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR		
with with with with		Towson	Chesapeake Ma	anor Nursing H. Ho	t of working life, even if retired) USEWITE	INDUSTRY		
ed v	I3o	USUAL RESIDENCE (Where deceased	lived, if institution: Residence before					
ampliane / eve		USUAL RESIDENCE (Where deceosed ssion) STATE Maryland	ISB. LOUNTY	Baltimore YES x NO	224 Homewood	l Terr.		
any de t	14 (ATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN NAME FIRE	st Middle	Lost		
be n all din din		Henry	Gibsor	n ©ane	king Caroline	Ann Hayes		
icia sicia pleas	16a	WAS DECEASED EVER IN U.S. ARMEE es, na, or unknown) (If yes give war	D FORCES? 16b. SOCIAL SECURITY		Address	Carmel		
phys		no		Mrs. Dorothy G.	Hoshall Rt. 1 B			
ng i			ane cause per line or (a), (b), and (c)		80	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
eath andi nit.		PART I. DEATH WAS CAUSED E IMMEDIATE		week of	dem			
atte atte an,		155.8	DUE TO, OR AS A CONSEQUENCE OF					
t the the nation		Canditions, if any, which gove) nse to immediate cause (o),	(b)					
tha by ran cren		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF					
res rsicii red ial-t		last.	{¢)					
phy sign bur		PART 2. OTHER SIGNIFICANT CONDI	ITIONS CONTRIBUTING TO DEATH BUT I	IOT RELATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(a)			
ing ing	종	, ,						
s be as be as brian	CERTIFICATION	190. DATE OF OPERATION 19b. CO	INDITION FOR WHICH OPERATION WAS P		20b. IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING		
The se se the control of the control	RTF			YES NO				
AN: al al cate ar .		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M Month Day Year	21c HOW INJURY OCCURRED (Enter	noture of injury in Part 1 or Part 2,	Item 1B.)		
Signature of the partition of the partit	MEDICAL	(If either, notify medical examiner	r) P.M. 1	9		·		
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hauf stained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and campletely filled in by should be detached far use as the burial-transit permit. Then please remave carbon papers. Fith the State Dept. of Health priar ta burial, crematian, or removal, and in any event, within 72 hauf.	~	21d INJURY OCCURRED 21e PL	LACE OF INJURY (AT HOME FARM, STREET, FA	CTORY.) 21f. LOCATION Sweet or R.F.D. No.	City ar Town	County State		
c P the det det D		White Not while at work		192/	March	15/		
by Starter		220 Treffity that (I) (this	hospitol) oftended the decease	ed from, 19, 19, 19, and that in (my) (our) apin body after death.	ion doath assured an the de	Do, that (I) (we) last		
FEN ned the the		couses/stated obove, I	(I) (w) (did not) view the	body after death.	ion death occurred an the ou	ne ona nour una nom me		
A State of S		2b. Sygnature	-W2011			DATE SIGNED		
OR Direction		MIL	HElfund	DEGREE PHYS. MEI	D. STAFF D STAFF	3-11-68		
TAL Cay AL D pegge e fille		22d. PHYSICIAN'S	11/201	22e ADDRESS	01	Q 11 11 1		
SPIT 4 m 4 m 4 m d b		NAME (Type) [/ . C	. He frich		Voland Ave.	BAHO, Md		
Page 4 may be retained by the haspital ar attending physician. To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the formal director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 haurs after death	23a.	BURIAL, CREMATION 23b. DA	TE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Tawn)	(County) (State)		
5 5 5 4				on Park Cemetery	Baltimore, Mary			
VR A15 (4)		FUNERAL DIRECTOR	ADDRESS					
30M REV 1/68"	Wπ	a. Cook-Brooks T	owson 1050 York I	Rd. 21204 DATMAR	1 2 1968 Jelian	les yourses :.		



1-	78 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
FOR	STATE //	MEDICAL EXAMINER'S CERTIFICATE OF DEATH					, , 0	
HEALT	HDEPN		ECEASED NAME Fire	s† Middle	Last	2a. DATE KNOWN Mont	Doy Year 25 HOUR 21 6510:15	
.s. p e		1	Type ar Print) John	(None)	Torma	OF ESTI- 3	21 6510:45	
ay is 3 ta Paae		3 5			AGE (in years IF UNDER 1 YEAR	F JNDER 24 HRS 2C DATE PRONOUNCED DEAD	2d HOUR	
by delay and 3 PM3. Pag	E	3./	ale Cau	7-8-17	sst birthday) MDNTHS DAYS YRS	HOURS MIN Month 21-68 Day	Year 19 17 Am	
2,2,2	bd		lale Cau BIRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARI		17 July 46 M	
A F E	the State Depart		PENNA.	il C		3	3	
fter death Give Pages	ate		ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR	INSTITUTION (If not in haspital	RCED Baltimore, Maryl	and Md	
after death 8. Give Paga	\$ /	10 (III OK IOWN OF DEATH	give Presedenss) is	Angom (is not in naspilal	during most of working life, even if retired.	INDUSTRY	
70 a 2	¥ .	Sr	arrows Point	P(L) a i	_	Shipfitter	Ship Building	
aff G	2 with death.			used ved, finishitution Residence befo		NSIDE OTY LIMITS? 13e. STREET AND NUMBER	Daniel	
25.00	de de	Ma	dural Auffer	13b Balltimore	Dundalk	YES NO 2924 Cornwall	. Moad.	
haurs after death Item 18. Give Pag Office along with	land 2 offer d	14. [TATHER'S NAME First	Middle to:	15. MOTHER'S MAID	EN NAME First Middle	Last	
			HERZOL	TORMA	ANNA	HORVATH		
- 0	pages		WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b SOCIAL SECURIT	NO IT INFORMANT	AMBOR 5710ADDRESPUA	tan St a	
within pencl	le pa	6	'es, na, ar unknawn) (lif yos gw	e war or dates of service) 233-14-8	DED EKNESI K	Berwun Ha	Ets Maryland	
P = 4	F.le		18: CALISE DE DEATH (Enter of	nly ane cause per line far (a), (b), and (dl	5.75	APPROXIMAL INTERVAL	
ld be executed in the pending in the following in the fol	ansit permit is event within		PART I. DEATH WAS CAUS	ED BY	Occlusion		BETWEEN ONSET AND DEATH	
xec Idin	permit with		LL 10 SIMMED	DUE TO, OR AS A CONSEQUENCE				
per ber	isit ven		Canditions, if any, which gave		sive ^C ardiovaso	mlam D.		
	rar y e		rise ta ımmediate couse (a),	DUE TO, OR AS A CONSEQUENCE		Julai Pisease		
shauld e ward	0 0		stating the underlying couse last	DUE 10, OR AS A CONSEQUENCE	or ,			
Sh Sh	bur in			(c)			<u></u>	
is certificate sh te, writing the forwarded to t	d be used as a b		PART 2 OTHER SIGNIFICANT CON		OT RELATED TO THE TERMINAL DIS	SEASE OR CONDITION GIVEN IN PART 1(a)		
調理	d os	8	7 1	0 7				
Cer WI	used	S	190 DATE OF OPERATION	196. CONDITION FOR WAS PERFORM	WHICH OPERATION		20. AUTOPSY?	
his are,	be of the contract of the cont	CERTIFICATION					YES NO	
ificat be			21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING	21b TIME OF INJURY Month, Doy Y HOUR A.M.	ear 21c, HOW INJURY OCC	URRED (Enter nature of injury in Part 1 or Part 2	, tem 18.)	
ER: certiff	lles should tian, ar	D CAL	CAUSE OF DEATH		9			
F F F	u → w b	MED		PLACE OF INJURY (At hame, farm, stree	2 f LOCATION Street or	r R F D Na City or Tawn	County State	
EXAMINER: tute the cer	etained far your files DIRECTOR: Page 3 show or ta burial, crematian,		AT WORK AT WORK	actory, office building, etc.)				
© 10 20 20 20 20 20 20 20 20 20 20 20 20 20	a		22a certify that	took charge of the remains descri	bed obove, held on Auton	osy , Inspection , Inquiry	X ond in my apinion	
S & F	CTOR: burnal		death resulted from:	-	·	Homicide . Undetermined monne		
please	REC Tal		Das	Action ()			" [_]	
Pla Pla	or Defe		ACTUAL ///	12. Hans	FC(1C	F MEDICAL EXAMINER LIST 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TE SIGNED 2/	
ITY,	be refu RAL D prior		SIGNATURE	To De Design M. D.		TY MEDICAL EXAMINER	2/2/168	
DEPUTA CESSORY,	may be re FUNERAL ealth prior			rin B. Davis M. D.		DSS(Street, city, lawn, or county)	1 111-0	
o DEPUTY DIC.	Health	22-	000	Mornington Rd. B			(Care) (Care)	
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	127	1	SVM BAL DIDECTOR	GMAR 968 FORT	LINCOLN CE	2Sq REC'D BY REGISTRAR 2Sb. REGISTRAR	R JANKATATATA	
	VR A15ME (5)	1	MINIDA	DO PULL	NE MA	DAMAK 2 6 1968	W.S. VA. C. C.	
	OM REV 1/68	LVI	DWHADIANI	INS W. MUERT	ALE, YUD	DAIRINIT & U 1000	1	

MAKTLAND STATE DEPARTMENT OF HEALTH



7 (M)	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH						2 4
death.		ECEASED NAME First Type or print) EARI	Middle MORRIS	Lost TOWNS END	20. DATE OF DEATH MARCH Month 17, Do	1968eor	2b. HOUR A
affer the fundamental form	3. 5	ex MALE	4 RACE WHITE	S. DATE OF BIRTH APRIL 8, 19	6. AGE (In years	IF UNDER 1 YEAR	F UNDER 24 HRS HOURS MIN
illed on by the papers. Pege		BIRTHPLACE (Stote or foreign ntry) MARYLAND	b. CITIZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARRIED 9 WIDOWED DIVORCED 9	COUNTY OF DEATH BALTIMORE	· · · · · · · · · · · · · · · · · · ·	Md
within 24 sely filled ban pape within 73		CITY OR TOWN OF DEATH TOWSON		TOTION (If not in hospital 120. USUAL during 30	OCCUPATION (Kind of work done it of working life, even if retired)	126 KIND OF BUILDING STREET	JSINESS OR NGHOUSE
ecuted wit campletely ove carban y event, w.	13o. odn	USUAL RESIDENCE (Where deceosed ission) STATE MARYLAND	Line / country	BALTIMORE YES X NO	TS? 13e STREET AND NUMBER	H RD. #	21214
be exe n and c se remo	14.	FATHER'S NAME FIRST Willard 7: 7	Middle Lost Toursend	IS MOTHER'S MAIDEN NAME FIT			Lost
rtificate physicia in pleas val, an	160	WAS DECEASED EVER IN U.S. ARMEE Yes, no, or unknown) (If yes give war o	FORCES? If 6b. SOCIAL SECURITY NO 213-01-8		Toursend, Balt	imore. N	d
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital at attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled An by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers—Page 1 and 2 shauld be filled with the State Dept. of Health priar ta burial, cremation, ar removal, and in any event, within 72 haurs after death.	2	PART I. DEATH WAS CAUSED E IMMEDIATE Cond tions, if ony, which gove trise to Immediate couse (o), stoting the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF (b) Obstructive DUE TO, OR AS A CONSEQUENCE OF (c) hyperplasi	e uropathy a of prostate related to the terminal disease or co	NDITION GIVEN IN PART 1(0)	APPROJUMA BETWEEN ONS	T AND DEATH
PHYSICIAN: The law re he haspiral ar attending this certificate has been letached far use as the bept, af Health priar ta	CERTIFICATION	190 DATE OF OPERATION 196 CO	NDITION FOR WHICH OPERATION WAS PERF	YES 🗽 NO 🗌	206 IF YES, WERE FINDINGS (CAUSES OF DEATH?		TIFYING
ICIAN: pital ar rtificate d far u af Heal	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEATH (If either, notify medical examiner	21b. TIME OF INJURY HOUR A.M Month Day Year P.M. 19	21c HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Port 2,	Item 1B)	
ATTENDING PHYSICIAN: stained by the haspital ar CTOR: After this certificate shauld be detached far uith the State Dept. af Heal	M	While Not while of work	ACE OF INJURY (AT HOME FARM, STREET, FACTO OFFICE BUILDING, ETC.		City or Town	County	State
TENDING ined by the OR: After auld be don't the State		saw the deceased aliv causes stated abave,	haspital) attended the deceased an MARCH 17 19 (we) (did) (dans) view the b	from EBRUARY 19, 1960 68, and that in (My) (aur) apin ady after death.	ian death accurred an the de	te and havr a	y (we) last
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the		22b. SIGNATURE	money ?		D. STAFF A 22c.	717/68	
TO HOSPITAL Page 4 may TO FUNERAL I director, page shauld be file			ce Misanik, M.D.		York Rd. 21204		
TO HC Page direc shar				EMEYERY OR CREMATORY HILL	23d 10CATION (City or Town)	(County)	(Stote)
VR A15 (4) 30M REV 1/68	24.	FUNERAL DIRECTOR	WNAM & SON, Easto	on, Md. DATE MAK	REGISTRAR 1988 REGISTRARS	- Alchardage	3

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4	MARYLAND STATE DEPARTMENT OF HEALTH
(F) 1/1 m	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
(1VI)	CERTIFICATE OF DEATH
£ _~ = ~	1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOU
deorth deorth	(Type or print) Cirra E. Tracey 3 Manth 24 Day Gg Year 11.01
	3. SEX 4 RACE . S. DATE OF BIRTH 6 AGE (In years 15 JNOER 1 YEAR F JNOER 24 H
THE PROPERTY OF THE PROPERTY O	Female (Aucasian 1-20-86 last birthday) AND HOURS IN
hours.	70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY)
24 per per 72	Maryland WIDOWED DIVORCED DIVORDED DIVORDED DIVORDED DIVORDED DIVORDED DIVORCED DIVO
PHYSICIAN: The law requires that the deoth certificate be executed within 24 houre to hospital or attending physicion. his certificate has been signed by the ottending physicion and completely filled in by stoched for use os the buriol-transit permit. Then please remave carban papers. Dept. of Health prior to buriol, cremation, or remaval, and in any event, within 72 hourest of Health prior to buriol, cremation, or remaval, and in any event, within 72 hourest of Health prior to buriol.	10. CITY OR TOWN OF DEATH Catonsville 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) Shangri—La Mursing Home 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) HOUSEWIFE INDUSTRY
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and completer remaye carl	TATE TANK (ALIEN TO TAKE TO TAKE THE TAKE TO TAKE THE TAK
cor cor	
e e) and rem	
ond i	George Geaslen Elizabeth (Thomas) Geaslen 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT / O TANGETS 16b. SOCIAL
ertificote be physicion c nen please aval, and ii	Vac no as infrances 1 (H) was give were in dates of senare 1
th certif ling phy Then remova	ADDAY, MAY (MIDWI)
he deoth ce ottending permit. The	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY
eoff endi or r	IMMEDIATE CAUSE (a) Browcho preumoria
officer, on,	4/29 DUE TO, OR AS A CONSEQUENCE OF
t the	Canditions, if any, which gave (a), (b) A S C V D
s that the deorion. d by the ottend tronsit permit cremotion, or	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
sicic ol-t	10st Trov Deticiency Muemia years
equires th physicion signed by buriol-tro buriol, cre	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ding ding een the	× 4 +) 1
The taw re attending hos been se os the h prior to	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
AN: The law real or attending to attending to be not been for use as the Health prior to	190 DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 1216. TIME OF INITIALY 1216. HOW INITIALY OCCURRED. (Forter nature of initialy in Port 1 or Port 2 Item 18.)
AN: al or icote for u	
A Self A	GREATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19 21d MANIBY OCCUPRED 23e PLACE OF INHIBY AT HOME FARM STREET, FACTORY, 21f LOCATION Street or R.F.D. No. City of Town County State
NSS ross	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State
S PHYSIC the hospi this certi detoched	at wark at work
DING by th Affer It be de Stote	22a. I certify that (I) (this hospital) ottended the deceased from 18 JAN , 1968, to 24 M N, 1968, that (I) (we) saw the deceased alive on 24 MAY 1968, and that in (my) (cost) opinion death occurred on the date and hour and from
ND Sed to	saw the deceased alive on 34 m Ar and that in (my) (cost) opinion death occurred on the date and hour and from
ATTEN etoined CTOR: / should ith the	causes stated above, (1) (we) (did) (dia-net) view the bady after death.
OR ATTENDING PHYSICIAL be retoined by the hospital DIRECTOR: After this certifice 18 3 should be detoched for ed with the Stote Dept. of He	226 SIGNATURE 1 226 DATE SIGNED DEGREE PHYS DIRECTOR D PHYS D 226 MARY GF
IAL (ALD)	22d. PHYSICIAN'S 22e. ADDRESS 2 Dec 4007 2 22e. ADDRESS 2 Dec 4007 2 2043
Poge 4 moy be retoined by the hospital or TO FUNERAL DIRECTOR: After this certificate director, poge 3 should be detoched for usefuld be filed with the Stote Dept. of Heolt	NAME(Type) RATPH E. Updike M.O. J. Dogwood Dury, 21043
五 8 E 5 g / /	23a. BURIAL, CREMATION, REMOVAL (County) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Septiment) 3-27-68 Woodlawn Cemetery Balto.
5-5-1	
VR A13 41	4 TO LEGINORIOS AVERTURE ALLE OF CONTROL VICENCE VICEN
30M REV 1/88	Witzke F. D., Baltimore, Md. 21229



· ·			CERTIFICATE OF DEATH	* # # #
	· LIM	1 8	DECEASED NAME First Middle Lost 20, DATE OF DEATH	2b HOUR
5	de de de	((Type or print) Eugene a. TRainorde Month Day	400 C 2:55 AM
, att	in by the funeral	3. \$		IDER I YEAR 1F UNDER 24 HRS HS DAYS HOURS MIN
	in by	7a. cau	BIRTHPLACE (Store or fore.gn 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Baltimore	Md
niebin G	THE STATE OF THE S	1/	Parkville give street address) and ore Cover during most of working life, even if retired.)	THE KIND OF BUSINESS OR NOLSTRY
v potrod	complete ove corb y event	13o odn	O USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR, TOWN 13d INSIDE CITY LIMITS? 13b. COUNTY BOHMBER 13b. COUNTY BOHMBER 13b. COUNTY BOHMBER 13b. COUNTY BOHMBER 13c. CITY LIMITS?	coff. Rd
ed ove	n ond c	14.	FATHER'S NAME First Middle Trainer 15. MOTHER'S MAIDEN NAME First E. Fahrer	Lost
rificota	ohysicio en pleas	160	(If yes give wer or dotes of service) 212-05-512. Mr. Bugsel Q. Ramory G.	18 Kurdock B
4	the hospital or attending physician. This certificate has been signed by the attending physician and complet detached for use as the buriol-transit permit. Then please remave togets beat. The Dept. of Health prior to buriol, cremation, or remavol, and in any events.		IB CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure	approximate interval between onset and death 11 months
the d	the atte		Conditions, if any, which gove tise to immediate cause (a). Due To, OR AS A CONSEQUENCE OF (b) Arteriosclerotic cardiovascular disease	4 years
44	physicion. signed by the buriol-tronsit i buriol, cremati		stating the underlying cause lost U	
100	ing phy en sign he buri to buri	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Diabetes mellitus and hypothyroidism	
4 2	ottending has been se os the th prior to	CERTIFICAT	190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH?	ERED IN CERTIFYING
JAN.	hospital or certificate iched for upt. of Heali	MEDICAL CER	210 ACCIDENT WAS UNDERLYING 215, TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item Of Contributing Cause of Death Hour A.M. Month Day Year P.M. 19	18.)
DHAC	by the hosp filter this cer be detacher State Dept.	ME	While Nat while at wark of wark	unty State
ATTENDING BUYCICIAN. The law contings that the death certificate he executed within 24 hours offer death	Page 4 may be retained by the hospital or attending for FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to		220. I certify that (i) (this hours) oftended the deceased from Jan. 25., 1961., to Mar. 11., 19.68 saw the deceased glive an Mar. 2., 19.60, and that in (my) (car) apinion death accurred on the date of causes stated above, (i) (We) (did) (did has) view the body after death	, that (1) (326) last nd havr and from the
	RECTOI RECTOI 3 shot d with 1		22b SIGNATURE 22c DATE: 22c DAT	SIGNED 168
	Page 4 may be retained 4 per		22d. PHYSICIAN'S NAME (Type) S. J. Liu, M. D. 22e. ADDRESS 5301 Harford Rd. Baltimor	re, Md.
TATION OF	Page 4 To Fun directs should	230	REMOVAL (Specify) 3/7/1968 Owdon Valk Dallinard	ounty) /(State)
	VR A15 (4)	24	FUNERAL DIRECTOR 2 250 REGISTRAR 256 REGISTRAR'S SIGN.	ATURE CARACTER

MARYLAND STATE DEPARTMENT OF HEALTH



4	1				STATE DEPAKTA				
Λ	1	264	DIVISION OF VI	TAL RECORDS, 3	DI W. PRESTON ST	REET, BALTIMOR	E, MARYLAND 21201		
d		6.900.3		CE	RTIFICATE OF	DEATH		Sep-	1
£ /		CEASED NAME First		Middle	Last		DATE OF DEATH		26. HOUR
deat			s William	Edward	Treadwel		3 - 18		3:00 A.M
hours after death	3. \$1	M	4. RACE	W	S. DATE OF E	BIRTH B-1890	6. AGE (In years last birthday) YRS.	1F UNDER 1 YEAR MONTHS DAYS	HOURS MIN
	70 (a)	BIRTHPLACE (See or loggion Saltimore,	76. CITIZEN OF WHAT		MARRIED HEVER MA	IKKIEU)	INTY OF DEATH Baltimore		Md.
vithin 24 fulled on poor within y	10.	TOWSON	11 NAME give stree	et_address\	UTION (If not in hospital	120. USUAL OCCI	UPATION (Kind of work done working life, even if retired.) Manager	126 KIND OF 6 INDUSTRY	QO 223MI2H
ecuted with completely ove corbon y event, with		USUAL RESIDENCE (Where deceaussion) STATE Penn. A		Residence before 1	3c. CITY OR TOWN Towson	13d INSIDE CITY LIMITS? YES NO	13e STREET AND NUMBER		
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ertificate be physicion o nen please tovol, ond it	160.	BS. POS unknown) (If yes give	11 1	b. social security no. 18-01-00		Theresa	R. Treadwell	l Sam	ne .
ot the death c the ottending isst permit. If mation, or rem		18. CAUSE OF DEATH (Enter or PART 1 DEATH WAS CAUSE IMMEDI IMMEDI Conditions, if any, which gave use to immediate cause (a), stating the underlying cause lost	D BY ATE CAUSE (o) DUE TO, OR AS A (b) DUE TO, OR AS A (c)	M YO CAT CONSEQUENCE OF CORE NATO CONSEQUENCE OF	ү Непрет	DISENSE		BETWEEN ON	ATE INTERVAL BET AND CEATH ALCOHOLS CPARS
AN: The faw requires the of or offending physicion. icote has been signed by for use as the buriol-transteelth prior to buriol, cre.	CERTIFICATION		CONDITION FOR WHICH		DRMED 20g. AUT		20b IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CE	TIFYING
YSICIAN: T nospitol or certificate t certificate den de for us ched for us	MEDICAL CE	21a ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF OEA (If either, not.fy medical exami	TH HOUR A.M.	JURY Manth Day Year 19	21c HOW INJURY OC	COURRED (Enter natur	e af injury in Part 1 ar Part 2,	(tem 18)	
JING PHYSICI by the hospire (ffer th's certifi be detached i Stote Dept. of	W.		PLACE OF INHIBY ZAT	HOME, FARM, STREET FACTOR FICE BUILDING, ETC.	21f LOCATION Stre	eet or R.F.D. Na	City or Tawn	Caunty	State
TO HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 moy be retained by the hospitol or TO FUNERAL DIRECTOR: After th's certificate director page 3 should be detached for a should be filed with the Stote Dept. of Heal		22a. I certify that (1) (the saw the deceased of causes stated above	ilive-on	d nat) view the ba	68 and that in th	ny)(aur) apinian	ta 3 / 10 , 19 death accurred an the de	ate and have a	(1) we) last nd fram the
OR SEE		226 SIGNATURE DOVOLO X	Somer	LE .	DEGREE PHYS.	DIRECTO	STAFF	DATE SIGNED 3/19/	68
FITAL OR I moy be I ERAL DIRI or page 3 d be filed v		22d. PHYSICIAN'S NAME (Type) Dr. [Donald L.	Somerv	ille 220. AD		nnsylvania Av	/e.	
TO HOSPITAL Poge 4 moy b TO FUNERAL D director page should be file	23 a.	DEMOVAL (Consider)	9/68	23c NAME OF CEI	METERY OR CREMATORY	23d	LOCATION (City or Town) Foxboro	(County)	(State)
VR A15 (4) 3004 REV. 1/68	Pal		ins & Son	s Cooress	21212 Md.	250 RECD BY REGI	STRAR 2Sb. REGISTRAR S	SIGNATURE	Egs.



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		05363			CERTIFICA					, 2 54
		ECEASED NAME First Type or print)		Middle		Last	20	DATE OF DEATH Month	Day Year	2b HOUR
Funeral and		ATMC				USCH		March	9, 1968	12:154
at a die	3. \$	MALE	4 RACE WHO	ריחוזי		DATE OF BIRTH		6. AGE (in years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
by in by its of the bours of th	7a.	BIRTHPLACE (State or foreign		WHAT COUNTRY?		March 2	0, 1897	UNITY OF DEATH	RS.	
a Frank	can	BALTIMORE	USA		WIDOWED [ν <u> </u>	BALTIMORE		Md.
filled pap	10	CITY OR TOWN OF DEATH	111	NAME OF HOSPITAL OR IN:	STITUTION (If not	in hasnital	12g USUAL OCC	UPATION (Kind of work do	ine 12b. KIND OI	F BUSINESS OR
with trefy rborn ', wii	10-	TOWSON 4	9"	St. Josep	h Hospi	tal	Standa	warking life, even if ret re rd Oil CoR	et.	
The law requires that the death certificate be executed within 24 hours after death ottending physicion. It is a signed by the attending physicion and completely filled in by the funeral se as the buriol-transit permit. Then please remove corbon papers. Biggs I and the prior to buriol, cremotion, or removol, and in any event, within 7 hours ofter death.	adm	USUAL RESIDENCE (Where deceases state Maryland	13b. COUNTY	ulian: Kesidence before	Balti	more YE	INSIDE CITY & MIESS	3927 Hudson		Į.
and cc and cc removin any	14.	FATHER'S NAME FIRST	Middle	Last	15. (MOTHER S MAIDE		Middle		Last
e be on c ose nd ir	160	Joseph . Was deceased ever in U.S. Ari	AED EODCECS	Trusch	NO 17 INC	ORMANT	Eva		Langbu	rger
ertificate be exc physicion and chen pleose remonovol, ond in any	100	res, no or unknown) (II yes give v	rar or dates of service)				Truesh	Address: 3927 Hudson		o 24 N
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The rott of the plant of the pl	R					YES 🗆	NO 💽	CAUSES OF DEATH?		
PHYSICIAN: e hospital or his certificate proched for Dept. of Heol		210 ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF OEAT	HOUR A.M	Month Day Year	21c. HOW	' INJURY OCCURF	RED (Enter natu	re of injury in Part 1 or Part	2, Item 1B.)	
rSPC ospit certii hed nt. of	MEDICAL	(If either, natify medical exami 21d. INJURY OCCURRED 21e.	PLACE OF INJURY	AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.		TION Street or	RED No	City or Town	County	State
NG PHYS y the hos ter this ce e detoche tate Dept.		While Nat while at wark at work	TORCO. IIDON	OFFICE BUILDING, ETC.	7 211. 100	371661 (1	K-13D Mar	City of Tasset	Coomy	31010
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* ATTENI retoined ECTOR: A 3 should with the	ı	225 SIGNATURE,	1	A				4	2c DATE SIGNED	
OR be re DIRECT WHEN SHEED WAS A SHEED WAS	ш	Com	07	Jourba	DEGREE	* *****	MED DIRECTO	OR PHYS. 1831/16	rcl. 9,19	68
PITAL 1 moy ERAL or, pog d be fi		22d PHYSICIAN S NAME (Type) Cami	o Tombo	c, h. D.		22e. ADDRESS 7920		d. Towson 4.	Md.	
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	230	BURIAL, CREMATION, 23b. REMOVAL (Specify) a 1	3- 13 -	68. Sacre	CEMETERY OR CE	t Cen.	23d 7	OCATION (City or Town) 401 German F	ill Rd.	(State)
VR A15 (4) 30M REV. 1/68	24.	Eharlis S.S	eiler	901 S. Wan Balto., 2	kling S 1224, M	250 D/	a REC'D BY REG		AR'S SIGNATURE	ges ?
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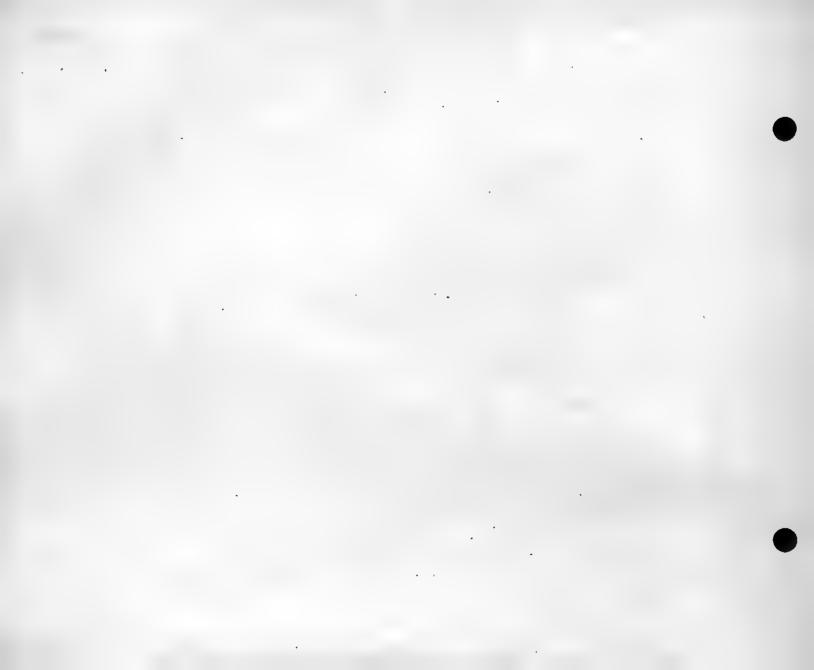


MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 v3866 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 20. DATE OF DEATH 2b HOUR death. (Type or pnnt) Month MICHAEL FRANK TUREK March D FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the fundirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 stouds be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after 3. SEX 4 RACE 5 DATE OF BIRTH IF LINDER , YEAR 6 AGE (In years IF LINDER 24 HRS last birthday) September 10,1886 White Male YRS 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland USA WIDOWED [7] DIVORCED [Baltimore requires that the death certificate be executed within 24 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street oddress) during most of working life even if retired.) Roaster St. Joseph Hospital Towson 13e STREET AND NUMBERH . M. Wagner Co. 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13b. COUNTY 3 YES 🗔 3422 Belair Rd. Balto.2121 Maryland 14. FATHER'S NAME First Middle IS MOTHER'S MAIDEN NAME First Middle Turek Mary Hynek 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, ar unknawn) Mary Ruby Turek, wife, above APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cancer of Liver IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO IX 210. ACCIDENT WAS UNDERLYING 216, TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21F LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from March 9, 1980, to March 22, 1960, that (I) (we) last saw the deceased alive an Narch 22, 1960, and that in (my) (our) apinian death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death. 226 SIGNATURE 22c. DATE SIGNED ATTENDING March 22,1968 DEGREE DIRECTOR PHYS PHYS. 22e. ADDRESS 22d. PHYSICIAN'S Anibal Escobar, M.D. NAME (Type) 7620 York Rd., Towson, Maryland-21204 230. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (State) Baltimore, Md. 3/25/68 Holy Redeemer Cem. 0 24 FUNERAL DIRECTOR SCHIMUNEK Funeral Home, ADDRESS INC. 30M REV DATE 3331 Brehms Lane



EOD STAFF	Ite	on Bagan G398			ESTON STREET, B.				.5 8	4)	
HEALTH DEDE	1 Decr	ASED NAME First		Middle					24	17	
HEALTH DEPT.		e or Print)			Last		. 20. DATE KNOWN DE ESTI-	_		7:196	
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	3 SEX	4 RACE	S DATE OF BIRTH	6 AGE (hday) MONTHS DAY		ZC D/CIL I KONOUN	ED DEAD	Yeds co	2d HOUR 6:00 P.M	
ny deloy 2, 2, and 3 the Pog		male White	1 1 1/10				March	4"	1968	P.M	
- 15 %	(Ountry)		76 CITIZEN OF WHAT CO	UNTRY? 8	MARRIED NEVER		COUNTY OF DEATH				
for for		Balto, Md.	11,5,4	T HOSPITAL OR LICE		DIVORCED	Baltimor			Má	
hours ofter death Item 18 Give Pages Office along with for Iand 2 with the State after death.	10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USCAL OCCUPATION (Kind of work done 12b KIP give street address) I give street address)										
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s after 18 Given t along t with death.	130 02	ila. RESIDENCE (Where deceos Ear)y land	13b Charting			3d. INSIDE CITY UM			/		
hours tem 18 Office of and 2 v					ort Howard						
hours Item 1 Office land2 after d	I4 FAIF	HER'S NAME First	Middle	Last	15 MOTHER S		First /	Aiddie	Los		
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지 編 등 이 등 이 기계를 다 되었다.	H PI	RIMARY OR CONTRIBUTING	216 TIME OF INJUR HOUR A.M.		ZIC PUW INSOKI	r Ottokkto (Enter	nature of injury in Port 1	or Part 2, Item	18)		
NER NER Cep hou hou iles. sho sho sho sho sho sho sho sho sho		AUSE OF DEATH d INJURY OCCURRED 218.1	PLACE OF INJURY (At hor	19	DI LOCATION CA	and an D.F.D. No.					
		WHILE NOT WHILE TO	tory, office building, etc.	ne, tarm, streer,)	21f LOCATION Str	reet of K.F. U. PLO	City ar Town	(County	State	
	_ A	AT WORK AT WORK									
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pleose I direct retoine DIRECT or to E		ACTUAL ///	01	7		CHIEF MEDICAL EX					
Y. P.	Ś	IGNATURE	My La	INN		ASSISTANT MED CA		22b. DATE SIGN			
DEPUTY cessory, p e funerol may be ri FUNERAL	E	XAMINER'S Werne	r U. Spitz	M.D.		DEPUTY MEDICAL E		3/5/	68		
TO DEPUTY necessory, pleo the funerol dire 5 may be retoi TO FUNERAL DIR Heolth prior to	22- 2	NAME (Type)	DATE	4-			ty, tawn, ar county)				
5 - 25 - 2	230 B.	URIAL, CREMATION, 23b. EMOVAL (Specify)	DATE	1 -	METERY OR (REMATOR)		23d LOCATION (City or T	(Co	, ,	rate)	
Mrs		NERAL DIRECTOR	-7-1968	Prospec	t Hill C	2Sa RECD B	V DECISTRAD TOSK	REGISTRAR'S SIGN		Md.	
VR A15ME (5)		, Cook-Brooks	The 1917		F. Ralta 210	ZA ZA NACO B	8 196B	HCCHO-LL	A. Usada	UE.	
10M REV. 1/68	Wm.	LOOK-Drooks)	31110479	DOLLDIAN	DATE IN A I	0 1000	1	1	743	

MAKYLAND STATE DEPARTMENT OF HEALTH

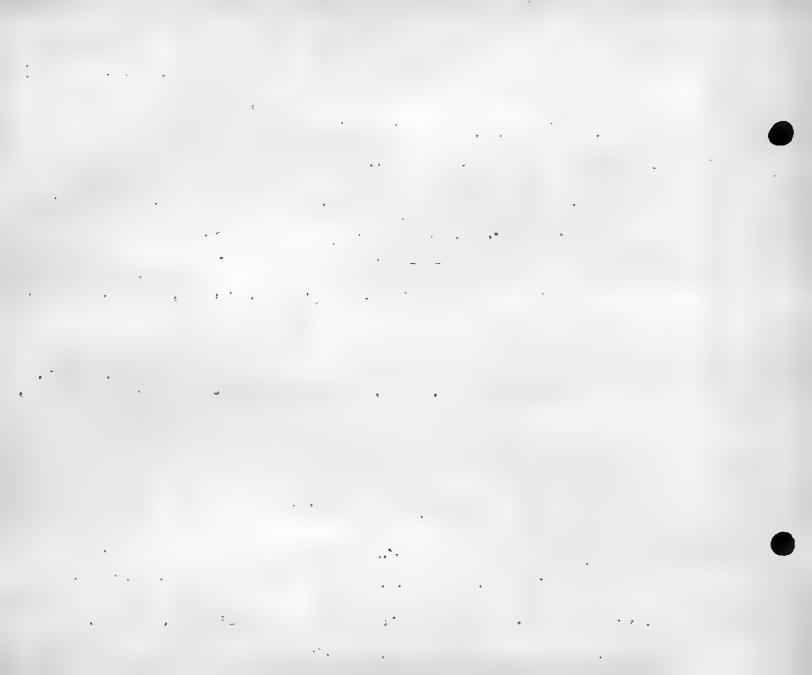


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 v.1868 CERTIFICATE OF DEATH 0385 1. DECEASED NAME First Middle Lost 2a DATE OF DEATH O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral parent, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Landshould be filled with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death (Type or print) Devender requires that the death certificate be executed within 24 hours offer death Month Robert 2:00 N के के विकास महत्व स March 3. SEX 4 RACE S DATE OF BIRTH F JMDER 1 YEAR 6 AGE (In years in by the Pages 7/6/19 lost birthday) MONTHS DAYS White Male 17X 12X 2X 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED country) W. Va. WIDOWED [DIVORCED [Baltimore 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR WOUSTRY Bethlehem 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done give street oddress) St. Joseph Hospit string mast of warking life, even if retired)

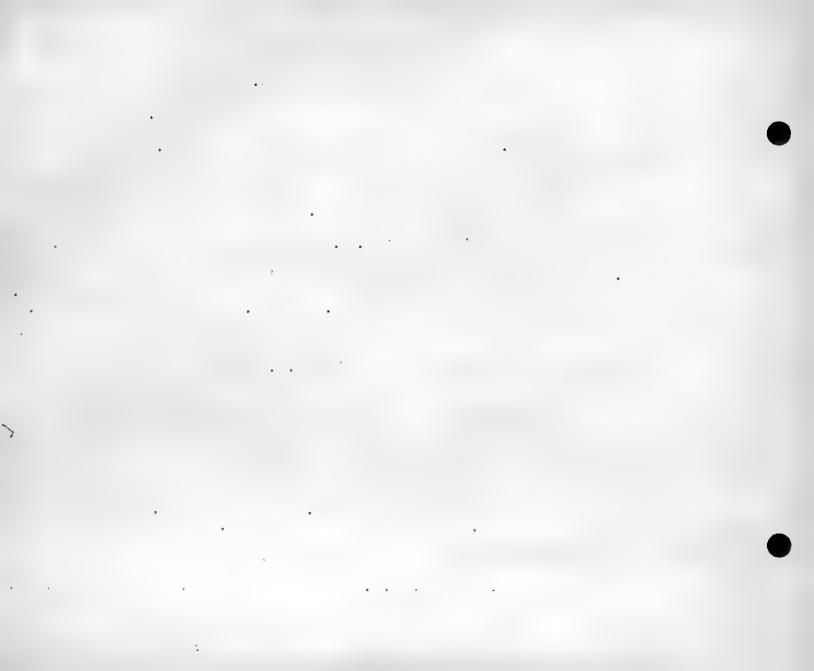
Electrician Baltimore 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER odmission) STATEMaryland 13b COUNTY Balto. 4112 Century Road #21206 YES SET NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle Lost Middle Sylvan Van Devender Holv Grace Schumann 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, na, grunknawn) (II yes give war ar dates of service) 236-18-7382 Mrs Gertnide VanDevender Samo 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))
PART 1. DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH Pulmonary malignancy. IMMEDIATE CAUSE (a) 1601 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) retained by the hospital ar attending 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO DCA 21a ACCIDENT WAS UNDERLYING TO HOSPITAL OR ATTENDING PHYSICIAN: 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (this haspital) attended the deceased from March 23., 1968, to March 24,1968, that (I) (we) lost sow the deceased alive on March 24. 1968, and that in (my) (our) opinion death occurred an the date and haur and from the causes stoted abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED STAFF PHYS. March 24, 1968 DEGREE DIRECTOR PHYS 22e. ADDRESS 22d PHYSICIAN'S Ismael Jamora, M.D. 7620 York Road, Towson, Md. 21204 NAME (Tvoé 23a BUR AL CREMAT ON, REMOVAL (Specify) 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b. DATE (County) (State) 3/27/68 Gardens Of Faith Baltimore DATAR 2 6 1968 FUNERAL DIRECTOR ADDRESS VR A15 (4) 30M REV, 1/68 Leonard J Ruck, Mr. Inc. Baltimore Md



 MARYLAND STATE DEPARTMENT OF HEALTH



-5- 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
death Diegol Productive Freesth	1. PLACE OF DEATH o. COUNTY Taliinore 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission) b. COUNTY Taliinore
urs afte by the Pages ours afte	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ACUL at 11,000 1110 4 100,0018 THE COVILLE 1110
within 24 hours of	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 1700 Woodholme Ave. 1700 Woodholme Ave. 1700 Woodholme Ave. 1700 Woodholme Ave.
	3 NAME OF First Middle Lost 4. DATE Month Doy Year OF OF DECEASED (Type or print) Ulive Dlanche Wagers DEATH Farch 1, 19 00
d complements only ever	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (n years lost birthday) lost birthday) Nonths Doys Hours Min.
te be (ion on ion on io	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR II. BIRTHPLACE (County & Stote, or foreign country) 11c CUITZEN OF WHAT COUNTRY? 11c CUITZEN OF WHAT COUNTRY?
e death certificate be executofrending physicion ond corpermit. Then please removed on, or removal, and in ony event	13. FATHER'S NAME R. Wellington Wagers 14. Mother's Maiden NAME J'Annette Welsh.
death Itending Irmit. I	15. WAS DECEASED EVER IN . S. ARMED FORCES? (Ves., no., or unknown) (if yes give wor or dotes of service) 16. SOCIAL SECURITY NO 17. INFORMANT Address: Pos. Ille 1, 11. Dr. Robert P. Walers, 1,000, Noourolae Ave.
not the n.y. the obasit pe	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART I. DEATH WAS CAUSED BY. ONSEL AND DEATH ONSEL AND DEATH ONSEL AND DEATH ONSEL AND DEATH
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician. 5 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely thed in by director, page 3 should be detached for use as the bunal-fronsit permit. Then please remove carbon loopers Poshould be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, writhin 72 hours	Conditions, if only which gove rise to immediate couse (o), storing the underlying couse lost. DUE TO (b) Arteriosclerotic C.V.Disease years (c)
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OR ATTENDING PHYSICIAN be retained by the hospital of JIRECTOR: After this certifical e 3 should be detoched for ed with the State Dept. of Hee	PERFORMED? YES NO 20b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHER MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF IN. JRY (Home, form, fortm, fortm, fortm, fortm, fortm, fortmy, street, office bldg., etc.) (County) (Stote)
(G PHY) The he he rer this elected of the Dep	p.m of work L
TENDIN ined by OR: Afte	21. I certify that (I) (this haspital) attended the deceased fram Nov.6 , 167 , ta Mar.1 , 1968, that (I) (we) last saw the deceased alive an Feb.29 1968, and that death accurred at 6P. M, fram causes and an the date stated above.
OR AT DE reta DIRECTO She a she ed with ed with	220. SIGNATURE M.D. ATTENDING MED. STAFF DIRECTOR DIRECT
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior ta	22d. ADDRESS NAME (Type) Martin E. Strobel, M.D. 22d. ADDRESS 59 Hanover Rd. Reisterstown, Md.
Page 70 FUN direct shoul	230 BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stote) REMOVAL (Specify) 12d 21d 1, 1907 Union Jensey 25d 10c
VR A15 (4) 25M 1/67	Frank H. Schwill received by Registrar Boss Registrar Signature Date Wint 8



<u>_</u>	1	MARTLAND STATE DEPARTMENT OF HEALTH
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	L	CERTIFICATE OF DEATH
E ME		ECEASED NAME First Middle Lost 20. DATE OF DEATH 2b HOUR
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	3. S	X A SET IN MARKET STATE OF RIGHT STATE OF RIGHT STATE OF
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hours hours . Page hours	70	BIRTHPLACE (Stote or foreign 75, CILIZEN OF WHAT COUNTRY? 8, MARRIED TO NEWED MARRIED TO 9, COUNTY OF DEATH
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of the the nsif p		Conditions, if ony, which gove
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PHYSICIAN: The low rate hospital or attending his certificate hos been stacked far use as the Dept. of Health prior to	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
the distance of the distance o	25	YES NO CAUSES OF DEATH?
de te	ER	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)
He feet of A	ਤ	gr contributing Cause of Death HOUR A.M. Month Day Year
S PHYSICIAN the hospital this certifica detached far	E G	(If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County Stote
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- Per # # # # # # # # # # # # # # # # # # #		of work of work of work of the desired of the desir
DIN Py Sto		22a. I certify that (fins hospital) oftended the deceased from 2/27, 1965, ta 3/1, 1965, that (fix) (we) last saw the deceased olive on 1965, and that in (not) (our) opinion death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (eliminary) view the body after death.
TEN Ped the the		causes stated abave, (1) (wid) (did) (did not) view the body after death.
OR ATTENION DE CETOINE		226. SIGNATURE 220. DATE SIGNED
De re 3 ed w	1	1 (Arm to Francisco of M. 1) DEGREE PHYS. DIRECTOR DIRECT
L D AL		22d. PHYSICIAN'S 22e ADDRESS /
ERA Fr. P		MAME(Type) -AMES LAWCENCE HOSPITAL.
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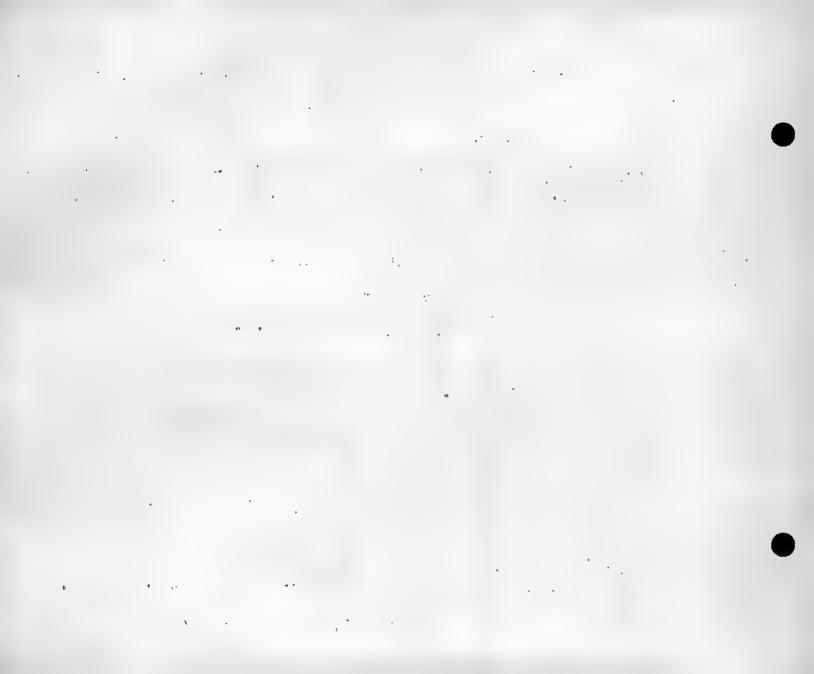
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7		J4873	DIVISION OF VITAL RECORDS,	CERTIFICATE OF	*	E, MARYLAND 21201	03856
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£ 3.3(£)		(vpe or print)	niiocie		20.	DATE OF DEATH Month Day	Year 2b. Hour
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Period the Urs of		Female	White		6,1883	lost birthdoy) M 84 YRS.	
and de la	(OF)	BIRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARK	KIED	NTY OF DEATH	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after during be retained by the haspital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the house should be detached far use as the burial-trainsit permit. Then please remave carban papers. Page's 1 and 3 should be detached far use as the burial, crematian, ar remaval, and in any event, within 72 haurs after death with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death	<u> </u>	Poland	U.S.A.	-		Baltimore	Md.
ithin stiffing the stiff the stiffing the st	10.	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN: give street oddress)	STITUTION (It not in hospital	during most of v	PATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
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and c	14. 1	ATHER'S NAME First	Middle Lost	15. MOTHER S MA	IDEN NAME First	Middle	lost
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t the		Conditions, if any, which gove nise to immediate cause (a),	(b) aslemoses	broke landi	o-Vesen	las Novacas	15 3001
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s be	CERTIFICATION	196. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20o. AUTOF	PSY?	20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	ISIDERED IN CERTIFYING
The aff				YES _	NO Z	CAUSES OF DEATH!	
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aft after a state of the state	MEDICAL	(If either, notify medical exomin	ner) P.M. 19				
HYS has s ce sche	×	21d INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET, FAR	CTORY.) 21f LOCATION Street	or R.F.D. No.	City or Town	County Stote
the Determination		While Not while ct work at work					
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ENG ed all de be	1	saw the deceased al	(l) (we) (did) (did not) view the	ソ <u>& & ,</u> and that in (my body after death	() (out) apinion d	leoth occurred on the dote	and haur and from the
A tain that the tain th		22b, SIGNATURE	(i) (we) (ala) (ala noi) view ine	body difer deom.		22c DA	TE SIGNED
DR e re v		Welmer K	Salland D. S.	DEGREE PHYS	G MED. DIRECTOR		1-68
AL C		22d. PHYSICIAN'S	forest from	22e. ADDR		. — 11113. — 🗸 /	00
RAI be		MAME /T	er K Gallager Sr.	M.D. 6209	Frederic	k Ave	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, mage 3 should be detached far use as the burial-trainshould be filed with the State Dept. of Health priar to burial, creating the state Dept. of Health priar to burial, creating the state Dept. of Health priar to burial, creating the state Dept.	23n	BURIAL, CREMATION, 23b. I		CEMETERY OR CREMATORY		LOCATION (City or Town)	(County) (Stote)
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The .		FUNERAL DIRECTOR	ADDRESS		2So. REC'D BY REGIS	STRAR 25b REGISTRARS SI	GNATURE
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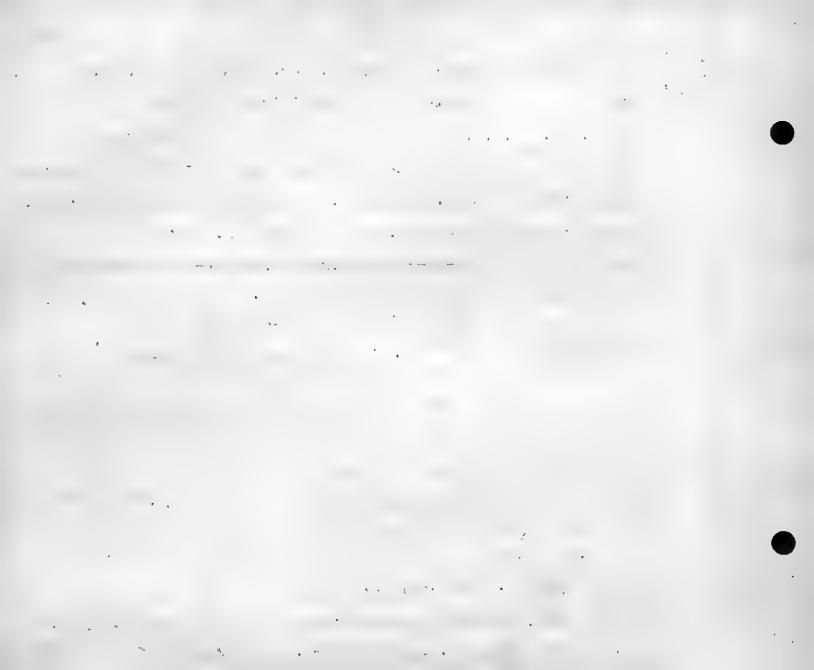
MAKTLAND STATE DEPARTMENT OF HEALTH



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ı		1700117		- (ERTIFICAT	E OF DEATH			();	3858
Ī		CEASED-NAME First (pe or print)		Middle		Lost	2o. DATE C			2b. HOUR
L	(1)	pe or print; Dav	id	W	W	IALLACE J1	•	Manth 3	Day Year	968 A
3	SE	(4. RACE		5 1	DATE OF BIRTH		6. AGE (In years	TE LIMIDER YE	
L		ale	Whit	Θ	A	ugust 4, 1	922	lost birthday)	'RS. MONTHS D	ATS HUDES MIN
17	o. B	IRTHPLACE (State or foreign	7b. CITIZEN OF W		8. MARRIED 🔀 I	NEVER MARRIED 🗍	9. COUNTY O	F DEATH		
н	N	ew lork	U.S.A.		WIDOWED [DIVORCED [Balti	more,		Md
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L		owson	give	street address) ST. JOSEP	H HOSPIT	AL Sal	esman	life, even if retire	Au	ite.
1	3a. I	JSUAL RESIDENCE (Where deceases	ed lived, if institution 13b. COUNTY	tion: Residence before	113c. CITY OR TOV	VN 13d, INSIDE CITY		TREET AND NUMBER		
		sion) STATE aryland			Baltimo	10		45 Walth	er "ve.	
P	4. F	ATHER'S NAME First	Middle	Lost		THER'S MAIDEN NAME		Middle		Lost
L		David	W	Wallace S	or.		anor	G		thrie
	!6a Ye	WAS DECEASED EVER IN U.S. AR/ es, na, ar unknown) (If yes give v	AED_FORCES? var or dates of service)	16b. SOCIAL SECURITY N				Address		
F		s, na, ar unknown) (If yes give v No		099-16-7		<u>s Eunice M</u>	Wallac	e Sar	ne	Charles at Market
		 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE 	B DV.						BETW	PROXIMATE INTERVAL FEEN ONSET AND DEATH
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-1	- 1	, , , , , , , , , , , , , , , , , , , ,		AS A CONSEQUENCE OF						
		Canditions, if any, which gove tise to immediate cause (a),	(b)	Hypertensi	<u>ve cardi</u>	ovazular d	<u>lisease</u>			
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ı	ı	last.	(c)			<u> </u>				
П		PART 2. OTHER SIGNIFICANT COL	IDITIONS CONTRIBL	JI'NG TO DEATH BUT NO	OT RELATED TO THE	E TERMINAL DISEASE OR	CONDITION GIV	EN IN PART 1(a)		
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ı	FE	190. DATE OF OPERATION 190.	CONDITION FOR MI	TICH OPERATION WAS PER	CPUKMED	20a. AUTOPSY?	cruer	F YES, WERE FINDING S OF DEATH?	22 CONSIDERED I	IN CERTIFIING
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l	ਤ ਤ	OR CONTRIBUTING CAUSE OF DEA'	HOUR A.M	Manth Day Year		MOUNT OCCURRED TEIL	er Horore of IIII	ny in ron i ai ran	. 2, Hem 10)	
ı	MEDICAL	21d. IN.JRY OCCURRED 21e.	ner) P.M.	AT HOME FARM STREET FACT		ON Street or P.E.D. N	n file	r ar Tawn	County	Stote
l		While Not while at work	TENCE OF HODRI	AT HOME FARM, STREET, FACT OFFICE BUILDING, ETC.	Zit. Lockii	ON SHEET OF K.I.D. IN	u (II)	di idwii	Coomy	31016
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l		22o. 1 certify that 10 (the saw the deceased o	live on 3/1	1	9_68 ond th	at in (my) (our) or	inion death	occurred an the	dote and he	our and from the
ı	ŀ	couses stated obove	e, (I) (we) (did)	(did not) view the b	oody after deo	h.				
l		22b. SIGNATURE		•		ATTENDING -	MED.	STAFF -	22c. DATE SIGNED	
ı	-	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	ann.	-()	DEGREE		MED. DIRECTOR	STAFF PHYS.	March 1	, 1968
		22d. PHYSICIAN'S NAME (Type) Lawr	ence F.	Misanik, M	.D.	22e ADDRESS 7620 York	Ra T	otteon M	3 27 201	
10					EMETERY OR CREE			ON (City or Town)		
-	.3Q.		2/68	Greenme		MATURI	Bal 1	imore. M.	(County) aryland	i i
		UNERAL DIRECTOR		ADDRESS	-	250 REC'D			RELUGIANOTA	1 Judge
	1	conard J Ruck	Inc B	altimore. 1	Maryland	DATE	BY REGISTRAR 6	1000 J		9



	(N/I	MARYLAND STATE DEPARTMENT OF HEALTH	
+	IN	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	SOCEA
/ /		1 DECEASED-NAME First Middle Last 2a, DATE OF DEATH	
death	by the funeral Pages and 2	(Type or print) CHARLES HERBERT WALPER, Jr. March Manth 26,01968	2b. HOUR P. M
a	2	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years if under 1	YEAR IF UNDER 24 HRS.
afe s	age rs af	May 10, 1941 26" YRS	BAYS HOURS MIN
4 haur	도 없는	70. BIRTHPLACE (Stote or foreign country) Balto., Md. U.S.A. 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 9.	y Md.
within 2	with v	10. CITY OR TOWN OF DEATH 21206 Baltimore 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) 5524 Lanhamway Chicago and the street of the street address of the street a	ind of Business or STRY uto Repair
- Pe	remave carbon any event, with	13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
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69 69	and in an	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN MAME First Middle Charles Herbert Walper, Sr. Audrey M. Adams	Lost
i e	cian and	16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17, INFORMANT Address	
, j	syd by	Yes, no or unknown) 1963-1967 218-38-3521 Mrs. Mary H. Walper-5524 Lanham	Wav
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death	DEMNEKAL DIRECTOR: After this certificate has been signed by the aftending physician and camplets director, page 3 should be detached for use as the burial-transit permit. Then please remave cartishauld be filed with the State Dept. of Health priar ta burial, cremation, ar removal, and in any event,	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Malignant Melanum Tase to Immediate cause (a). (b)	APPROX.MATE INTERVAL TWEEN ONSET AND DEATH
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TTENDING	OR: Atter ould be h the Stat	22a. I certify that (1) (this hospital) attended the deceased from (1967), 10 (1967), 10 (1967), 1967, 10 (1967), 1967, 1968, sow the deceased olive on (1967) (1967), 1967, 1968, 1968, 1969, 1	
L OR Al	DIRECT age 3 sh iled with	226 SIGNATURE 226 DATE SIGN ATTENDING PHYS DIRECTOR D STAFF 226 DATE SIGN 227 DATE SIGN 228 ADDRESS	5/68.
PITA ma)	r, po	NAME (Type) George J. Richards, Jr.	
O HOSPITAL	shared of the company	23a BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County	y) (State)
2-1	= 12011	The state of the s	
	VR A15 (4) 30M REV 120B	24. FUNERAL DIRECTOR H. Sander & Sons. Inc. Beltimore. Md. pare APR 1 968. REGISTRAR 1968.	Judge



	1	MARYLAND STATE DEPARTMENT OF HEALTH	
Pa		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	1
• • •		CERTIFICATE OF DEATH	83850
E -SENT		ECEASED-NAME First Middle Lost 20. DATE OF DEATH	2b Hour
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ph hen hen navor	F	In case of profile to the state of the state	APPROX MAYE INTERVAL
re ling		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY.	BETWEEN ONSET AND DEATH
dea trail mil	1	1 IMMEDIATE CAUSE (o)	
the		Conditions, if ony, which gove by Thermolocial meningets (b) Thermolocial meningets	
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orio Orio	L	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100	
FENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ned by the haspital ar attending physician. R: After this certificate has been signed by the attending physician and campletely filled build be detached far use as the burial-transit permit. Then please remave carban pape the State Dept. at Health prior to burial, crematian, or remaval, and in any event, within 7	=		
law endi be s the	ATF0		IGS CONSIDERED IN CERTIFYING
The after the page of the page	CERTIFICATION	YES NO CAUSES OF DEATH?	
interior of the color of the co		210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Po	rt 2, Item 18.)
Partie and a second sec	MEDICAL	(If either, notify medical examiner) PM. 19	
HYS has s ce ache ept.	≈	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, HACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
det te D	ш	While Not while of work Not work	
DIN by After be Sta		220. I certify that (1) (this haspital) attended the deceased from hack /9, 19 68, to march 22 sow the deceased alive on march 22 19 6 from that in (my) (our) opinion death occurred on the	19 6 that (I) (we) lost
R: R: the	Н	couses stoted above, (1) (we) (did) (did not) view the body ofter death.	e dote ond floor ond from the
A de la	L	22b. SIGNATURE	22c. DATE SIGNED
OR DERE	L	defree PHYS - MED. STAFF DIRECTOR - STAFF DIRECTOR - STAFF DIRECTOR - PHYS.	3-22-68
AL MAL 1	L	22d PHYSICIAN'S NAME (Type) LILIA C. BALDONADO 22e. ADDRESS G. B.M.C.	
SPI 4 n WER tor,			
Page 4 may be retained by the haspital ar attending physician. Page 3 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers should be filled with the State Dept. af Health prior to burial, cremation, or remaval, and in any event, within 72	230	BUR AL (REMAT ON, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) 3-26 -68 BABULO RUSS C BABULOUN	(County) (Store)
5 5 5 s	24	ADDRESS DE PROPERTIE DE PROPERT	RARS SIGNATURE
VR A15 (4) 30M REV 1/68	1	MAK 2 b 1308 "	MAN JOHN DE SENT
	II.	VE Cook-Brooks lowson Towson and DATEMINIS & O NOO #	11 0



41,5		Item#5 Film, #GLC	IVISION OF VITAL RECOR	DS, 301 W. PRE	STON STREET, B	ALTIMORE, MARYLA	ND 21201		* W
,* \		01010		CERTIFICA	TE OF DEAT				
		CEASED-NAME First ype or print) ET I WH/	Middle A PORTER	MACL	Lost	20 DATE OF DEAT	Month <u>Day</u>	Yeor	2b. HOUR
	3. SE		4. RACE		DATE OF BIRTH 27	22/1906 16 A		F UNDER 1 YEAR	2:250 N
		Female	Negro		Manucke	2191190 L	t birthday) M	IONTHS DAYS	HOURS MIN.
1	7o. 8	IRTHPLACE (Stota or foreign 7b.	CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 COUNTY OF DEAT			
		1/7		WIDOWED	DIVORCED		imore		Mc
	10. C	ty or town of death Towson	11 NAME OF HOSPITAL (give street address) GREATER BAI	OR INSTITUTION (if not	in hospitol 120	USUAL OCCUPATION (Kind ng most of working life, e		12b. KIND OF I	BUSINESS OR
ł	130	USUAL RESIDENCE (Where deceased I	Ived, if institution: Residence be	fore 113c. CITY OR TO	CENTER 13d. INSIDE	CITY LIMITS? 13e. STREET A	ND NUMBER		
	odmi	ssion) STATE	13b. COUNTY	Wirtin	VICE CO		1- 112.15	IRic o	57
4	}4. F	ATHER NAME First	Middle Lo	ost 15. I	NOTHER'S MAIDEN NA	ME First	Middle,		Lost
	7.2	Mass R.	Duma		Listo	v far	ter		,
		WAS DECEASED EVER IN U.S. ARMED es, no, or unknown) (If yes give wor or		KILT NO. 17 INF	ORMANT	O ulas	Address	4	1-
ı		18 CAUSE OF DEATH /Enter only or	na cousa nor line for let (h) on	4 (4)	and t	C/K/as	myri	APPROXIM	LATE INTERVAL
-		18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE (the couse per line for (o), (b), on	oma of the	hreact	pa-	0	BETWEEN ON	ISET AND DEATH
		i'/ + X	DUE TO, OR AS A CONSEQUENCE		Dieasi				
		Conditions, if any, which gave	(b)						
		rise to immediate couse (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENC	E OF					
		last,	(c)						
		PART 2. OTHER SIGNIFICANT CONDITI	IONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO T	HE TERMINAL DISEASE	OR CONDITION GIVEN IN P	ART 1(o)		
	MOLL	190. DATE OF OPERATION 196. CON	DITION FOR WHICH OPERATION W	AS PERFORMED	20o. AUTOPSY?	20b. IF YES, 1	WERE FINDINGS CON	ISIDERED IN CE	RTIFYING
	CERTIFICATION					CAUSES OF D			
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. Month Doy	21c. HOW	INJURY OCCURRED	(Enter noture of injury in F	ort 1 or Port 2, Ite	m 18.)	
-	MEDICAL	(If either, notify medical examiner)	P.M.	19					
		21d. INJURY OCCURRED While Not while of work of work	CE OF INJURY (AT HOME FARM, STRE OFFICE BUILDING, ETC	ET, FACTORY.) 21f. LOCA	TION Street or R.F.D). No. City or To	n	County	Stote
П		of work of work 22a certify that (1) (this h	ospital) attended the dec	ensed from	1/6	1968 to	3/27 19 6	58 that	(I) (we) la
-1		22a. I certify that (I) (this h saw the deceased alive	an3/2	77.1958 , and 1	hat in (my) (aur)	apinian death accur	red an the date	and haur o	and fram th
ı		causes stated above, (I	(we) (did) (did nat) view	the bady after de	ath.				
1		Lolu Z.	Helan	DEGREE	ATTENDING PHYS	MED STA	ff □ 3/	TE SIGNED /27/68	
,		22d. PHYSICIAN'S			22e. ADDRESS				
I		NAME (Type) John E.	. Adams, M. D.		Greate	r Baltimore		Center	
	230	BUR AL, CREMAT ON, 23b. DATE REMOVAL (Specify)	23c NAMI	OF CEMETERY OR CE	EMATORY	23d LOCATION (CIT	y or Town)	(County)	(Stote)
1	24.	FÜNERAL DIRECTOR	a Oa ADD	RESS	250 RE	C'D BY REGISTRAR - LO	Sb. RICHTRAR'S SI	CNATJIM.	ma
9	1	110-11	1 1.571 1	222/10/11	- / S A	PR 2 1968	fillar	Cay your	ye

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME last 20. DATE OF DEATH death uneral 1 and (Type or print) Month Frances Watts HELEN March numer-transtripermit. Then please remove corbon papers. Pages 1 bariol, cremation, or removal, and in any event, within 72 hours after 3. SEX IF UNDER I YEAR 4. RACE S. DATE OF BIRTH 6 AGE (in years IF UNDER 24 HRS. lost birthday) white March 101 1901 female 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Mass. WIDOWED [DIVORCED [Baltimore 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR requires that the death certificate be executed within the ottending physician ond completely fill sit permit. Then pleose remove corbon po during most of working life, even if retired)
NOUSEWITE INDUSTRY Catonsville STATE HOSP. 13a. USUAL RESIDENCE (Where deceased aved, if institution, Residence before 13c City OR TOWN 13d. INS DE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY NO. Balto. 2019 Frederick Ave 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle Catherine Pennington Nelson Duchesney 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, na, ar unknawn) (If yes give wor acidates at survice) 215-22-1007 Records: SPRING GROVE STATE HOSPITAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BYIMMEDIATE CAUSE (a) Cerebrovascular accident l week DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave t Thrombosis rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF signed by Page 4 may be retained by the hospital or ottending physicion. stating the underlying cause Generalized arteriosclerosis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the director, page 3 should be detoched for use as the should be filed with the State Dept. of ⊪ealth prio⊓to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO D 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e PLACE OF INJURY City or Town County State While Not while of work 22a. I certify that (f) (this haspital) oftended the deceased from July 7, 19.66, to March 8, 1968, that (I) (we) last saw the deceased alive on March 8, 19.68, and that in (my) (884) apinian death accurred on the date and hour and from the couses stated above, (1) (size) (did) (discret) view the body after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS MED DIRECTOR DEGREE 22e ADDRESS SPRING GROVE STATE HOSPITAL 22d. PHYSICIAN'S Diomidis L. Pirovolidis, M.D. NAME (Type) Baltimore, Maryland 21228 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION (County) (State) BALTIMORE NATIONAL BALTIMORE 250. REC D BY REGISTRAR DATEMAR 1 1 VR A15 (4) 30M REV 1/68 rances of miller 2101 Kardenick



1	ı	2000	DIVISION OF				NI OF HEALI FT RAITIMOR	IH E, MARYLAND 21	201		
		02880	DIVISION OF			ATE OF D		L, MAKILAND ZI	201	93	863
and 2		CEASED NAME First ype or print)	55	Middle		Last	20.	DATE OF DEATH Month	Day	Year	2b. HOUR
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2	3. SE	MALE	4. RACE NEGRO	0		9/21/9		6 AGÉ (In ye last birthdo	y) [IF UNCER 1 YEAR MONTHS DAYS	HOURS MIN
	70 E	BIRTHPLACE (State or foreign	7b. CITIZEN OF WH		8. MARRIED I	NEVER MARRIE		INTY OF DEATH	YRS.		
	MA	RYLAND	U.S.A		WIDOWED [DIVORCE		TIMORE			Md.
	F	ORT HOWARD	VEI S		PHTAL	·	LABORE	UPATION (Kind of wor working life, even if re	etired)	12b. KIND OF E	G CO.
	admi	usual RESIDENCE (Where deceos ssion) STATE MARYTAND	ed lived, if institute 13b. COUNTY	on Residence before	BAI	TIMORE Y	INSIDE CITY LIMITS?	13e. STREET AND NUM	HER	STREET	
4		ATHER S NAME First JOHN WEE		Last		MOTHER'S MAID		JONES"			Last
	160	WAS DECEASED EVER IN U.S. ARA (If yes WA)	AED FORCES? ar or fates at service)	16b. SOCIAL SECURITY N 216 12 82	12 17 11	OLIN REX	CORDS, V.	A HOSPITAL	dress FT		
		Conditions, if only, which gove)	DUE TO, OR A	e for (a), (b), and (c). LMONARY TU S A CONSEQUENCE OF	BERCUI	OSIS FA	R ADVANC	ED, BILATE	RAL	APPROXIM BETWEEN ON	ATE INTERVAL ISET AND GEATH
Silvator de linea mini ille store depir of reconstruction, de l'entrough, di removat, direa many évelre, ministration de l'entrough direa many évelre, ministration de l'entrough direa many évelre, de l'entrough d		rise to immediate couse (a), stoting the underlying couse last.		S A CONSEQUENCE OF							
2	N.	PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUT	TING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL D	ISEASE OR CONDITIO	ON GIVEN IN PART 1(a)			
2	CERTIFICATION	19a. DATE OF OPERATION 19b	CONDITION FOR WHI	CH OPERATION WAS PE		200 AUTOPSY YES	ио 🔀	206 IF YES, WERE FIN CAUSES OF DEATH?			RTIFYING
	MEDICAL CE	21a ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, natify medical examin	H HOUR A.M.	NJURY Month Doy Yeor		W INJURY OCCUR	RED (Enter nature	e of injury in Part 1 ar	Part 2, I	tem 18.)	_
	ME	21d INJURY OCCURRED 21e. While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC				City or Town		County	State
		22a. I certify that \$\pi\$) (the saw the deceased a causes stated above	is haspital) atte live an 3/2	nded the decease	d fram 2/ 9, and bady after d	23/68 I that in (my) leath.	, 19, (aur) apinian (ta_3/26/60 death accurred on), 19_ the dat	, that te and havr o	(1) (we) last and fram the
		22b. SIGNATURE	lust.	m19	DEGR	ATTENDING	MED. DIRECTOR	R STAFF PHYS.	22c. D	ATE SIGNED 3/26/68	
1		27d PHYSICIAN'S NAME (Type) JOH	N D. TALE	BERT, M. D.	•	22e. ADORES	2	WARD, MAR	TANI)	
R	23a	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF BALT IM	-	LAMOL	E	LOCATION (City or Tay		(County)	(State)
68	24.	FUNERAL DIRECTOR	ull	RVING P. (CARROL	L FUNERA	REC'D BY REG	28 1968	ESTRAR S	SIGNATURE	motiga



1			D STATE DEPARTM			
Т	J\$881	DIVISION OF VITAL RECORDS,	301 W. PRESTON STR CERTIFICATE OF		E, MARYLAND 21201	, 4a
	DECEASED-NAME Firs		lost		DATE OF DEATH	2b HOUR
	(Type or print) Alf		WENKE	20	Month Do	Year 7 -2 -4
3.	SEX STII	4 RACE	S. DATE OF BI	RTH	March 6. AGE (In years	IC HINDED I VEAD AC HINDED 24 HDC
1	Male	White		ary 8, 188	lost hirthdow	MONTHS DAYS HOURS MIN.
70	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED TO NEVER MAR		JNTY OF DEATH	
ÇŒ	urtry) Germany	USA			ltimore,	Md
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If not in hospital	12o. USUAL OCCI	UPATION (Kind of work done	
L	Towson	give street oddress) ST. JOSEPH	HOSPITAL		working life even if retired.)	INDUSTRY
13d	o. USUAL RESIDENCE (Where deced pission) _STATE Mary Land	osed lived, if institut on. Residence before 13b COUNTYBaltimore	Baltimore	YES NO X	13e. STREET AND NUMBER 2909 Willoug	ghby Rd.
14	FATHER S NAME First	Middle Lost	IS MOTHER'S MA	LIDEN NAME First	Middle	lost
		Unknewn		Loui		Kitzig
16	o. WAS DECEASED EVER IN U.S. AR Yes, no or unknown) (If yes give	MED FORCES? 16b. SOCIAL SECURITY 212-22-422	NO. 17. INFORMANT 22 Mrs. Jul	ia A. Wen	Address ke	(Same)
$\overline{}$		inly one couse per line for (o), (b), and (c)	.)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
L	PART I. DEATH WAS CAUS	ED BY. IATE CAUSE (o) Congestive	heart failur	re		
L		DUE TO, OR AS A CONSEQUENCE OF				
L	Conditions, if only, which gove rise to immediate cause (a),	(b) Arteriosci		disease		
П	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF				
П	lost.	DNDITIONS CONTRIBUTING TO DEATH BUT N	OT DELATED TO THE TERMINAL	DISEASE OF CONDITION	ON CIVEN IN DART I/o	
L	f on	SHOTHORS CONTRIBE THE TO DEATH DOT IT	OF RELATED TO THE TERMINAL	DISEASE OR CONDITI	OH OFFER IN PART I(0)	
CEPTIFICATION	190 DATE OF OPERATION 198	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTO	PSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
TIELO			YES 🔲	NO 🗺	CAUSES OF DEATH?	
				URRED (Enter noture	e of injury in Part 1 or Part 2,	, Item 18.)
MEDICAS	tir ermer, notiry medicol exon	niner) P.M. 1	9			
2	While Not while	e. PLACE OF INJURY (AT HOME, FARM, STREET, FA	CTORY.) 21f. LOCATION Stree	t or R.F.D. No.	City or Town	County State
ı		his hasnital) attended the decoas	ad from 2/23/	10.68	to 3/5/ 10	0 68 that (Maya) lac
L	saw the deceased	his haspital) attended the deceas alive an 3/5/	19 <u>68</u> and that in (m	y) (aur) apinian (death accurred an the d	ate and have and fram the
	causes stated abay	ve, (I) (we) (did) (did nat) view the	bady after death.			
П	22b. SIGNATURE	1 - inda	DEGREE PHYS.	IG MED.	R STAFF ZZ M	arch 5, 1968
	22d. PHYSICIAN'S	tive Estotan	22e, ADD		K - PHTS, LAS	11 011), 1700
	NAME (Type) Vict	toria Escobar, M.D.	762	20 York Ro	i., Towson, Mo	1. 21204
23	o. BURIAL, CREMATION, 23b	. DATE 23c NAME OF Morel	CEMETERY OR CREMATORY	23d.	LOCATION (City or Town) Baltimore,	(County) (Stote)
L			and Memorial			
24	FUNERAL DIRECTOR Leonard J. Ruc	k,Inc. Balto.Md. 2	1214	DATE MAR	STRAR 1968b. REGISTRAR	arter Judge
		•		DAIL and an	M M	



			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
			CERTIFICATE OF DEATH
	± 2 = ±		CEASED-NAMEFirst Middle Lost 20. DATE OF DEATH 2b HOUR
	death.	- {1	ype or print) rear Dudley Wessel March 23 1968 53-pm
		3 SE	X 4. RACE S. DATE OF BIRTH 6. AGE (IN YORKS IF UNDER 1 YEAR IF UNDER 24 AIKS.
	1 3 3 2	K	Ferocule White 4/19/14 By VRS MONTHS DAYS HOURS MIN
	5 5	7o. l	BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	4 ()	(041	Maryland V.S.A WIDOWED DIVORCED BAHIMORE Md.
		10,0	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12. AME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)
	with bon wit	Vu	urngs Mills Ad Trose wood State Hospital Morris More Moustry
	completely ove carbo y event, w		USUAL/RESIDENCE (Where deceased lived, if institution Residence before 13c (ITY OR TOWN 130 INSIDE CITY LIMITS? 13e STREET AND NUMBER ssion) STATE (Carefamore) 13b-COUNTY Con the Church Hill YES NO STATE (Carefamore) 13b-COUNTY
	COU COU		
	uires that the death certificate be executed within 24 hours after hysician. gned by the ottending physician and completely filled in a state of the state of the place is a single formation, or removal, and in any event, within 72 hour after orial, cremation, or removal, and in any event, within 72 hour after orial.		ATHER'S NAME First Middle; Last Leaco IS. MOTHER'S MAIDEN NAME FIRST BORGE CO MIDDLE LOST ALLICON STORY LIESCE
	cion cion eost ond		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 112 INFORMANT Address
	physi en pl ovol,	Y	es. no. or unknown) (Hyes give wer or detes of service) none to sewood tecards Quings Mills, Md
	ng p		IB. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).) APPROXIMATE INTERVAL BETWEEN CAUSE AND DEATH
	ottending permit. The		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thermona 45 days
	e de otte		ULE TO, OR AS A CONSEQUENCE OF
	t the the sit position		Conditions, if ony, which gave (b) Dronclue dapes 15 years
	tho an. by fron cren		stating the underlying couse(DUE TO, OR AS A CONSEQUENCE OF
	equires physicie signed buriof-t buriof, c		last (c)
	<u> </u>		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)
	low re nding been s the ior to	S	I conferred allicoses & store mentas a lancours
	the loatend	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	e he le	ERTI	YES NO PEATITY 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
	dal o dicot ficot far Hee		TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Day Your
	YSICIAN: ospital or certificate hed far u	MEDICAL	(If either, natify medical exominer) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
	ATTENDING PHYSICIAN: The low re retained by the hospital or attending ECTOR: After this certificate hos been 3 should be detached far use as the with the State Dept. of Health prior to		While Nat while Great Building, Etc.
	NG y th er tl e de ote		at work at work 1 19 30 to Mile (1) (this hasnited) attended the deceased from No. 04. 17 19 30 to Mile (2.7.319 6% that (1) (we) last
	Aby the dots of th		22a I certify that (I) (this haspitel) attended the deceased from Novey 17, 1930, to Maly 2319 68, that (I) (we) last saw the deceased alive an 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the
	refained FCTOR: /	١	causes stated above, (I) (we) (did) (did nat) view the bady after death.
	O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should strongly by the property of the propert		226 SIGNATURE D. Crosley Greens, M. Degree ATTENDING DIRECTOR DIRE
	AL C		224 ADDRESS O
	ERA ERA Sr, P d be		NAME (Type) D. CROSBY GREENE, M.D. ROSEWOOD STUTY
	O HOSPITAL OR Page 4 may be 1 O FUNERAL DIRE director, page 3 strould be filed v	23a	BURIAL CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town), (County) (State)
	220000		REMOVAL (Specify) 3-25-65 Church Hell Church Hell mod
1	VR A15	24	FUNERAL DIRECTOR CALL AND ALL
-	30M REV 1768	1	4 Co J. Janes (houseld) 17 Ad J. J. J. J. J. I I I I I I I I I I I I

MARYLAND STATE DEPARTMENT OF HEALTH



					DEPARTMENT OF I		
- 1		J1883	DIVISION OF VITAL REC		ESTON STREET, BALT ATE OF DEATH	IMORE, MARYLAND 21201	8 ~ 4
7 7	DE	CEASED-NAME First	Midd		Last	20. DATE OF DEATH	_ J 2b HOUR
The funeral and a street death		pe or print) A/DA		· = 11	16 to		ay 4 Year 68 N
all	3. SE		4. RACE		S. DATE OF BIRTH	6 AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
-65	7o B	IRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 COUNTY OF DEATH	-l
7 2 d		" M.B.	U.S.A.	WIDOWED		3 ALTIMOR	7710
munimum /	(O. CI	TY OR TOWN OF DEATH CATO NSUILL		ALOR INSTITUTION (If not	ow RS. 120 USU	AL OCCUPATION (Kind of work done to be story working life, even if refired)	12b KIND OF BUSINESS OR INDUSTRY DEPT STORE
<u>t</u>		JSUAL RESIDENCE (Where decease sion) STATE MD	ed lived, if test tution. Residence		TOWN 13d INSIDE CITY I		
. 1	14. F.	ATHER'S NAME First	Middle		MOTHER'S MAIDEN NAME		Lost
-	160	THOMAS WAS DECEASED EVER IN U.S ARM		ECURITY NO. 157 IN	A & N ES	Address	F-LORD
	Yı		or or dates of service)		42. Carl H	m-3x2 GRLE	
		1B. CAUSE OF DEATH (Enter online PART DEATH WAS CAUSED	y ane cause per line far (a), (b)	999	T 11 - +	Q'	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	1	IMMEDIA	TE CAUSE (o)	100mal	Hear	The lave	years
, cremation,	-	Canditions, if any, which gave)	DUE TO, OR AS A CONSEQU	ENCE OF			
		rise ta immediate cause (o), stating the underlying cause	(b)	ENCE OF			
		last.	(c)				
		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	*
	NO	410		WOX	llow	E470llen	CONCIDENCE IN CENTIFYING
,	CERTIFICATION	19a. DATE OF OPERATION 19b. (CONDITION FOR WHICH OF ERATIO	N WAS PEKFORMED	200. AUTOPSY? YES NO NO	CAUSES OF DEATH?	COMPINERED IN CERTIFIING
		21a. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY	21c. HO		er nature of injury in Port 1 or Part 2	, Item 1B.)
	MEDICAL	GR CONTRIBUTING CAUSE OF DEATH		y Yeor 19		,	
	ME	21d INJURY OCCURRED 21e. While Not while			ATION Street or R.F.D. No	City or Town	County State
		atwark atwork 22a. I certify that (I) (the	adt Nahdadth (Intigad a	deceased from	196	O 10 2 - 40 1	9 6 6 , that (I) (we) las
		saw the deceased al	ive on	196 At and	that in (my) (our) op	inion death occurred an the c	lote and hour and fram the
		causes stated abave	, (I) (we) (did) (did nat) vi	ew the bady after d	eath.	22,	DATE SIGNED
		LED. SIGNATURE HUMAN	- Maill	DEGRE	E PHYS	MED. DIRECTOR D STAFF D 220	7-5-68
		22d. PHYSICIAN'S NAME (Type)		1	22e. ADBRESS		
	23a	BURIA., CREMATION 23b. I	DATE 23c I	IAME OF CEMETERY OR (REMATORY	23d. LOCATION (City or Town)	(County) (State)
a L		REMOVAL (Specify)	/ /	· Louis C	EMETERY	CLARKSUILLE	md.
26	24	FUNERAL DIRECTOR	2 -1	ADDRESS	MA IND	BY REGISTRAR 1968 REGISTRAR	rs signature
100	3	NRIET - LAURIN	MU960 (,,	RTONSUILLE	MO DATE		0 0



1/1/		MARYLAND STATE DEPARTMENT OF HEALTH
3 (171)		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
(7	i n	DESCRIPTION OF DEATH OF DEATH
death ond 2		Time or neight as a series of the series of
9 2 2		Comments will be more 3 23 Vapin
a Julia	3. 5	S. DATE OF BIRTH 6 AGE (In years FUNDER 14 FAR FUNDER 24 HRS.
s afte	ı	Male Can. 1-28-1900 lost birthday) RS MONTHS DAYS HOURS MIN.
by by	7a	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TO MARRIED TO DEATH
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Hed nop in 7	10.	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not up base) 120 1151AL OCC IPATION (Kind of work dama 126 KIND OF RUSINESS OR
e executed within 24 hand completely filled in remove carbon popers.		Living west of word in the same is a second in the sam
w treel	120	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. MSIDE CITY LIMITS? 13e. STREET AND NUMBER
nple ven	adm	Assign) STATE Md. 136 COUNTY Baltimore Balto. YES NO & 2616 HILLCrest Ave.
con con Y e Y	=	
and rem	14.	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last
Se a	L	Joseph Wible Martha - Wible
on on	160	WAS DELYCED EVER IN U.S. GRMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Mrs Madelyn Wible Address 17. INFORMANT Mrs Madelyn Wible Address
ertificote b physician en please oval, ond i	X	212-05-4479 % COCCOSCOCIO Same
g p The		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN DISCE AND DEATH
he deoth cei e ottending p permit. The		PART I. DEATH WAS CAUSED BY.
dec frmi rmi		MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF
p o o	П	Conditions, if ony, which gave) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave)
of the the matic	ш	rise to immediate cause (a), (b)
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equires tho physicion. signed by buriol-tron	П	lost. (c)
phy sign bur	П	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ng en to	Z.	2002 ASCVD with old cerebral infarct
The law requires the attending physicion has been signed by se as the buriol-tro herior to buriol, cre	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The affe	ΙĔ	YES NO CAUSES OF DEATH?
of the solution	8	210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
# 1	₹	CAUSE OF DEATH HOUR A.M. Month Day Year
HYSICIA hospitol s certific ached fo	MEDICAL	
PH s he		21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACIORY.) While Not while at work at work At work at work.
ATTENDING PHYSICIAN: stained by the hospitol or CTOR: After this certificate should be detached far uith the State Dept. of Heolith		at work at work 100 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
be Sta	П	22a. I certify that (I) (this hospital) attended the deceased from 1968, ta 3/4, 1964, that (I) (we) last saw the deceased alive an 3/2 1968, and that in (my) (aur) apinion death occurred on the date and hour and from the
Fe de	П	couses stoted obove, (I) (we) (did) (did nat) view the body ofter death.
1 章 5 卷 章	П	22b. SIGNATURE 22c. DATE SIGNED
OR ATTENIOR DIRECTOR: A should be dwith the	П	P. Breiteneder DEGREE PHYS DIRECTOR DIRECTOR PHYS 13/23/66
	ш	22d. PHYSICIAN'S 22e. ADDRESS
ZAL SEL	Н	NAME (Type)
Page 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far unshould be filed with the State Dept. of Health	-	
D eg E eg N	230	BUR AL, (REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
5 5 M		REMOVAL(Specify) 3/26/68 Parkwood Baltimore, Maryland
VR A15	24.	EUNERAL DIRECTOR 250. REC'D BY REGISTRAR 3 SIGNATURE Leonard Ruck Ine Baltimore, d
30M REV Nes		Leonard Ruck Ine Baltimore, "d DATE WIAR 2 6 1968

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2 2000 2	1 D	ECEASED-NAME First		Middle	CENTITION	Lost		DATE OF DEATH		2b. HOURA
इंड्रेड			rles	Arthur	י דוש	ŒR.SON	24	Month	26. 1968	10:05M
3/4-E	3. SI		4 RACE			DATE OF BIRTH		March 6 AGE (In years		F JNDER 24 HRS.
音音	M	ale	White			September	- 14.	l lock highland	YRS. MONTHS DAYS	HOURS MIN
Sun		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHA		8. MAPPIED IS	NEVER MARRIED		INTY OF DEATH	(K)	
J m J m 72 h	COU	aryland	U.S.A.		WIDOWED			timore,		Md
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the retained by the haspital ar attending physician. **IRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the set should be detached far use as the burial-transit permit. Then please remove carbon papers! Page ad with the State Dept. at Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after with the state.	10 (ITY OR TOWN OF DEATH	11. NA	ME OF HOSPITAL OR IN	STITUTION (If not	in haspital 12a.	USUA, OCCU	JPAT-ON (Kind of work d	done 12b. KIND OF	BUSINESS OR
with ban wit		owson	ST	reet address) JOSEPH	HOSPITAL	L S≠	ng mast at v cambid	warking life, even if retir	Kinna-	Distlan
ed car	13a adm	USUAL RESIDENCE (Where deceas	ed lived, if institution	an. Residence before	13c, City OR TO	DWN 13d. INSIDE	CITA FIN 125	130 STREET AND NUMBE	iR	- Contraction
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and rem	14. 1	ATHERS NAME First	n "ilkers	Last	15 /	NOTHER'S MAIDEN NA		Midd	le	Last
e brandan ase	160	WAS DECEASED EVER IN U.S. ARA		166 SOCIAL SECURITY	NO 117 INF	Sto	over	416		
ficat ysici al, a	You	es na ar unknown) (If yes give w		212-07-24			n: Iban	Addre 2304 K		
ph ph novo		18. CAUSE OF DEATH (Enter on				ALCEN V.	a conten	13011- 4304 N	APPROX N	WATE INTERVAL
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the control of the co		Conditions, if ony, which gave a		3 A CONSEQUENCE OF						
that In. oy ti ans		nse to immediate cause (o), stating the underlying couse.	(b) DUE TO, OR AS	S A CONSEQUENCE OF						
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phy phy sign buri		PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED TO T	HE TERMINAL DISEASE	ORCONDITIO	ON GIVEN IN PART 1(0)		
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e la tend is bi	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHIC	CH OPERATION WAS PE	RFORMED	200 AUTOPSY?		206. IF YES, WERE FINDING CAUSES OF DEATH?	NGS CONSIDERED IN CE	RTIFYING
ar at a se he a se he a se he	ESTE	O) - ACCIDENT IVAS HINDERINGA	C lavi zues es				0 🗀	1		
AN al a		21 a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M.	Manth Doy Year	21c. HOW	INJURY OCCURRED	(Enter nature	of injury in Port 1 or Pa	irt 2, Item 1B.)	
SIC Spit spit ertif red red r. af	MEDICAL	(If either, notify medical examinated 1) of NURY OCCURRED 21e.		AT NUMBER CARM STREET EAG		TION CONTRACT	N. II.			- Cristian
PHY e ho lis c lis c		While Not while of work at work	PLACE OF INDORT (AT HOME, FARM STREET FAC OFFICE BUILDING, ETC.	ZIT. LUCA	HUN Street of K.F.L). NG.	City or Town	County	Stote
NG Fer H		22a certify that () (th	is hospital) atta	nded the decease	ad fram	3/24/	19.68	to_3/26/	19 68 that	(M (wa) last
Afr d b d b d b e St	ı	22a. I certify that A) (the saw the deceased a causes stated above	live on 3/26	l	9_68, and i	hat in (my) (aur)	apinian d	leath accurred an th	ie date and haur (and from the
aine GR. Frank		causes stated above	((did) (we) (did) (did nat) view the	bady after de	ath.	<u> </u>			
R A RECI	1	22b. SIGNATURE		261.N	DEGREE	ATTENDING PHYS	MED DIRECTOR	STAFF EX	March 26,	1068
y be ge file of file of	П	22d. PHYSICIAN'S	X		DEOREE	PHYS L	DIRECTOR	PHYS. LAL	narch 20,	1700
RAI PITA	١.	NAME (Type) Rey	naldo Orj	juela-Gome	z, M.D.	7620 1	lork R	Towson,	Md. 21204	+
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After tills certificate has been signed by director, page 3 should be detached far use as the burial-transhould lie filed with the State Dept. of Health priar to burial, creating the state of the state	23a	BURIAL CREMATION 23b.		23c. NAME OF	CEMETERY OR CR	EMATORY	23 d.	LOCATION (City or Town)		(State)
5 5 9 £ 4 1		DEMOVAL (Coasiful	30-68	Gard	ens of t	aith Ceme	etenu	Balto. i'd		(,
VR A15 (4)		FUNERAL DIRECTOR				25a. RE	C'D BY REGIS	STRAR 25b. REGISTI	RAR S SIGNATURE	,
30M REV. 1/68		John C. Miller	Inc-6415	Belgin R	pad-2/2	DATE	ALAD O	0 1009 0	Charley Yo	And Goles



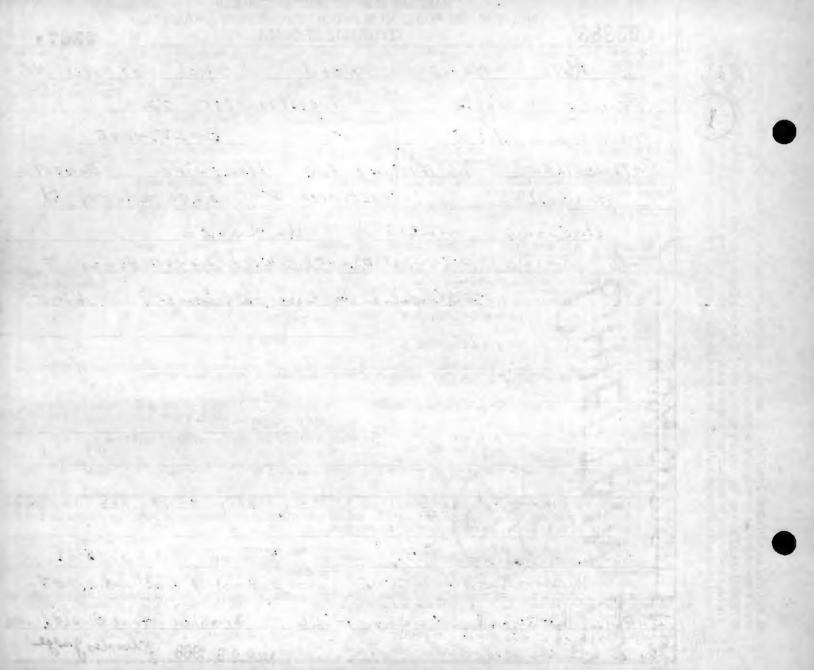
1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE /	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Them (6398 3/1 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	DECEASED-NAME (Type or Print) 2a DATE KNOWN Month Day Year 2b	HOUR
~ 9 3 3 3	C/13 dbe th Cooper W///2ms DEATH MATED 3/2 188/1) TM
\$ 3 - 1 1 2		HOUR
Do a la l	177 TO TO 17 18 18 18 18 18 18 18 18 18 18 18 18 18	2 ///
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TO SE SE	OCITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hasp to give street oddress) 12 USUAL OCCUPATION (Kind of work dame 12b. KIND OF BUSINESS) 12 USUAL OCCUPATION (Kind of work dame 12b. KIND OF BUSINESS) 13 USUAL OCCUPATION (Kind of work dame 12b. KIND OF BUSINESS)	OR
Give Give	Catonsyille 15 Ingleside Ave, Rotired	
death death	Od JSJA. RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odm ssion) STATE 13b. (OUNTY 27)	
	1110 CHIONSUITE IN TO SING PEST OF TOVO	
hours Item II Office I and 2	FATHERS NAME First Middle Lost IS MOTHERS MA DEN NAME First Middle Lost	
24 n n l n l s s s s s s s s s s s s s s s	CHARLES COOPER HMU HYATT.	
I w thin 24 in pencil in Examiner's Examiner's File pages in 72 hamis	OWAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Hyes give wor or dotes of service) Second Sec	
y w thin in pencil Examine File pag n 72 hai	110 (18 July of Lithrown) (Hyes give war or do'es of service) 212-09-2839 FAMILY RECORDED BIFE.	
ed in Figure 1	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	A. EATH
executed inding" in Medica. E it permit. F	PART I DEATH WAS CAUSED BY Cardio - Vascular Disease Sudder	
× P M d ≠	DUE TO, OR AS A CONSEQUENCE OF	
d be ex rd "pend Chief M tronsit p	Conditions, if any, which gave nse to immediate couse (a), (b)	
ould vard ne Cl al-tra any	stating the underlying cause (DUE TO, OR AS A CONSEQUENCE OF	
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is certificate for writing th farwarded it e used as a tremaval, and	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES No. 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)	
his atte, e fa	YES N	0 0
iffic d b ld o r		
INER: 3 e certific should t files. 3 should atian, a	CAUSE OF DEATH PM 19	
(AMINER: le the cert je 4 shaule rour files. age 3 shou cremation,	to the state of th	Stote
EXAMINER: cute the cert age 4 shauld ryour files. Page 3 should. It cremation.	AT WORK AT WORK TOTTORY, OTICE BUILDING, etc.)	
Paceural Pac	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry , and in my as	noinic
blease exect directar. Pa etained far DIRECTOR: or to burial.	death resulted fram Natural causes X, Accident , Suicide , Homicide Undetermined manner	
please e retained DIRECT or to bu		10
	SIGNATURE Sames M. Fre desite MD ASSISTANT MEDICAL EXAMINER 226. DATE SIGNED 3/2/	68
	EXAMINER DEPUTY MEDICAL EXAMINER & 13/1 Francis Av	18
o DEPUTY necessary, pl the funeral of 5 may be re 5 Funeral of Funeral	NAME (Type) James N, trederick MD ADDRESS(Street, city, town, or county) Balto, Md. 212	27
necessa the fun 5 may 10 FUNE Health	30 BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)	
-	BUNDIAL (Specify) 3-4-68 ST John Elligate Gidas YMPA	6
(2)	A. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 96136 RESTRAR'S SIGNATURE!	
VR A15ME (5)	riginbothem-Slack Home and DATE MAR	



					EPARTMENT OF I			
(10	1	5588	DIVISION OF VITAL RECORDS		STON STREET, BALT TE OF DEATH	IMORE, MARYLAND 2	1201	** (1
death.		CEASED-NAME First ype ar print) Cari	Em, Ch	Wa	Last	20 DATE OF DEATH March Month	.7 Day 1968	2b. HOUR
by the for	3. SE	Male	4. RACE White		Dec . 22.		egrs IF UNDER YEAR MONTHS DAYS YRS.	IF UNDER 24 MRS HOURS MIN
in 24 hour filled in by popers. thin 72 hou		my) Germany	7b. CITIZEN OF WHAT COUNTRY? USA	WIDOWED [NEVER MARRIED	9. COUNTY OF DEATH Baltimon	re	٨
within '		TY OR TOWN OF DEATH Catonsville	1) NAME OF HOSPITAL OR I give street address. Hou	se in t	he during m	AL OCCUPATION (Kind of wor ast of warking ife, even if r at Cutter	etured) DUSTRY Lexingtor	
complete	00179	Sion) State Baltimo:	d lived, if institution: Residence before	/ Wood]	awn YES No	2200 M	osby Ave.	
icate be exer		ATHERS NAME First Emil	Middle Lost Wolf		NOTHER'S MAIDEN NAME F	irst N	Niddle	Last
tificate ohysicio on plea	16a. Y	WAS DECEASED EVER IN U.S. ARMI es, no. de unknown) (It yes give wo INO	ED FORCES? 16b. SOCIAL SECURIT 215 • 01 •		ormant 111a Wolf	2200 Mosbj	<u> </u>	
eoth certif		PART I. DEATH WAS CAUSED	y one cause per line far (a), (b), and (BY: IE CAUSE (a)	ad al	machin	um	APPROXII BETWEEN O	MATE INTERVAL NSET AND GEATH
aquires that the deoth certificate be executed within 24 has physician. signed by the ottending physician and completely filled in buriol-transit permit. Then please remove carbon papers. buriol, cremation, or removal, and in any event, within 72 h		Canditions, if any, which gave a size to immediate couse (a).	DUE TO, OR AS A CONSEQUENCE O	Lema 1	entoura	lerosis	10-	307 .
equires tho physician. signed by buriol-tron buriol, crer		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE C					· · · · · · · · · · · · · · · · · · ·
w requiring physical significant significa	NC	7	DITIONS CONTRIBUTING TO DEATH BUT					
IAN: The law rectal or attending I ficate has been a for use as the k Health prior to b	CERTIFICATION		ONDITION FOR WHICH OPERATION WAS		20a. AUTOPSY? YES NO	CAUSES OF DEATH?	NDINGS CONSIDERED IN C	ERTIFYING
by the hospital or attending by the hospital or attending ther this certificate hos been be detached for use as the State Dept. of Health prior to	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine	HOUR A.M. Manth Day Yea	or 19	,	r noture of injury in Port 1 o	r Part 2, Item 18.)	
by the hospit for this certification be detoched State Dept. of	×	at work at wark	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.				County	Stote
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by me toperal director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages, and 2 should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.		22a. I certify that (I) (the saw the deceased ali causes stated abave,	s-hospital) attended the decedive an	sed fram	hat in (my) (pur) api ath.	だる。, to <u> ユークフト</u> inian death accurred an	, 19 <u>6 gr</u> , that the date and haur	(I) (we) la and fram th
OR ATTEND be retoined the Signature of Signature of Signature of With the Signature of W		22b. SIGNATURE	allegen Into	DEGREE	ATTENDING PHYS.	AED. STAFF INFECTOR PHYS.	22c. DATE SIGNED 3~/8-6	8
O HOSPITAL OR Poge 4 moy be 1 O FUNERAL DIR director, poge 3 should be filed v		22d. PHYSICIAN S NAME (Type)	rk Gallager		22e ADDRESS	erith Ave 1	32/1.28)	19
Poge Fo Fuy Shoul	236.	BURIAL, CREMATION, PEMOVAL (Specify)		F CEMETERY OR CR Cod Tarm SS		Woodlawn	Date are	(Stote)
VR A15 [4] 30M REV. 1/68	24.	FUNERAL DIRECTOR T. Stansbury	ADDRE 6411 Windsor	ss Mill R	d DATEMAN	P REGISTRAR 1968 PE	SKIRARS SIGNATURE	1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME 2n DATE OF DEATH First Middle Lost 25. HOUR (Type or print) MARG 3. SEX S. DATE OF BIRTH 6. AGE (In years last birthday) IS UNDER I YEAR within 24 hours after MONTHS Zo. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) BALTIMORE DIVORCED [WIDOWED I ga. USUAL OCCUPATION (Kind of work dane during most of working life, eyen if retired.) 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY remave carbon burial, cremation, ar remayal, and in any event, wit Hus CATONSVILLE DOMESTIC YOUSEWIFE 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e, STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? requires that the death certificate be executed BALTIMORE YES NO 2240 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middie Last Los physician o NOWN 16h. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no. or unknown) (If yes give war or dates of service) 218-10-368701 MCHENRY JAPPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND CEATE PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if ony, which gave: rise ta immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been should be detached far use as the with the State Dept. af Health prior ta 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES -NO IN 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at work 22a. I certify that (I) (this-hospital) attended the deceased from 3 . 2 - , 1968, to 3 - 28 - , 1968, that (I) 3- 22- 1968, and that in (my) (out) apinian death accurred an the date and have and fram the saw the deceased alive an.... (we) (did) (did nat) view the bady after death. causes stated above. (1) 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DEGREE DIRECTOR director, page shauld be filed 22d. PHYSICIAN'S 22e. ADDRESS 6209 Frederica Bo-23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (State) 0 3.POOKLYN 25b. REGISTRAR'S SIGNATUR VR A1574



MAKILAND SIAIL DEPAKIMENT OF BEALTH

As the Landon Day the same title provide only and the 20/8/5 ART TO BE TO MAKE IT AS A SECOND 11/2 West 12